FISTULA CARE
Associate Cooperative Agreement
GHS-A-00-07-00021-00

Annual Report
October 2011to September 2012

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CONTENTS

ACRONYMS AND ABBREVIATIONS iii

EXECUTIVE SUMMARY 1

I. INTRODUCTION 3

II. FISTULA CARE ANNUAL PERFORMANCE 7

III. GLOBAL ACCOMPLISHMENTS 17

RESULT 1: Strengthen the capacity of centers to provide quality Services to repair and care for women with obstetric and traumatic gynecologic fistula 17

RESULT 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration 32

RESULT 3: Gather, analyze, utilize and report data to improve the quality 47

RESULT 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs 53

IV. COUNTRY REPORTS 63

BANGLADESH 64

DEMOCRATIC REPUBLIC OF CONGO (DRC) 75

ETHIOPIA 94

GUINEA 103

MALI 115

NIGER 124

NIGERIA 135

RWANDA 154

SIERRA LEONE 165

UGANDA 173

V. MANAGEMENT ACTIVITIES 186

Annex 1. USAID Fistula Care Sites and Partners 192
Annex 2. Fistula Care Results by Indicator and Benchmarks 197
Annex 3. Presentations and Published Papers: 214
Annex 4. Fistula Care in the News October 2011-September 2012 218
Annex 5. Use of Fistula Care Technical Tools 222

ACRONYMS AND ABBREVIATIONS

AWC	Aberdeen Women's Center
CBO	Community Based Organization
CHUK	Central University Hospital of Kigali
DDM	Data for Decision Making
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
DSMB	Data Safety and Monitoring Board
EmOC	Emergency Obstetrical Care
FBO	Faith-Based Organization
FC	Fistula Care
FIGO	International Federation of Obstetricians and Gynecologists
FP	Family Planning
FRS	Fistula Repair Surgery
HEAL	Health, Education, Community Action, Leadership Development
ICM	International Confederation of Midwives
IGL	Imagerie des Grands Lacs
IH	IntraHealth International
IOFWG	International Obstetric Fistula Working Group
ISOFS	International Society of Obstetric Fistula Surgeons
JPII	Jean Paul II
M&E	Monitoring and Evaluation
MHTH	Maternal Health Task Force
MOH	Ministry of Health
MSRK	Maternité Sans Risque Kindu
NGO	Nongovernmental organization
Ob/Gyn	Obstetrics/Gynecology
PMP	Program Monitoring Plan
PRU	Pre-repair Units
QI	Quality Improvement
RCT	Randomized Controlled Trial
REF	Le Réseau pour l'Eradication des Fistules
RH	Reproductive Health
SJH	St. Joseph's Hospital
SMOH	State Ministry of Health
TGF	The Gloag Foundation
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHA	Women and Health Alliance International
WHO	World Health Organization

Executive Summary

The annual report presents key accomplishments and activities for the fifth year of Fistula Care (October 2011-September 2012)[1]. EngenderHealth manages the project in collaboration with international and national partners. In FY12 USAID supported fistula treatment and prevention services through the Fistula Care project and country bilateral projects in **11** countries—Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Mali, Niger, Nigeria, Pakistan, Rwanda, Sierra Leone, and Uganda. Key accomplishments under each of the four project results during the October 2011 to September 2012 period included:

Key Accomplishments with Support from all USAID funding 2005-2012

- More than 28,000 repairs performed in14 countries in Sub-Saharan Africa and South Asia between
- More than 5,000 persons trained in support of treatment and prevention (no. persons trained):
  - Fistula repair surgery: 385^
  - Pre & post operative care and fistula counseling: 1,748
  - Quality improvement: 526
  - Family planning services: 878
  - Obstetric care: 2,174
- Randomized clinical control trial on fistula treatment underway in collaboration with WHO

^some double counting of surgeons who have attended more than training.

Result 1: Strengthened capacity

- 45 facilities supported by USAID for fistula treatment
- 5,746 repairs provided
- 21surgeons attended first time training in fistula repair surgery and 32 attended continuing training
- Four centers accredited as training centers by FIGO: Ethiopia (Addis and Gondar), Senegal (Dakar) and Nigeria (Ibadan)
- Global Fistula training curriculum introduced to master trainers in Francophone Africa (Benin, Cameroun, Chad, Guinea, Niger, Senegal).
- Nursing curriculum printed; will be approved and launched at the ECSA Health Ministers' Conference in Arusha in December 2012
- Counseling curriculum and module on traumatic fistula published and launched.

Result 2: Enhanced community and facility practices to prevent fistula

- International consultative meeting about the partograph convened
- "Walk through methodology" for engaging communities with health facilities piloted in Uganda

Result 3: Use of data for decision making

- Enrollment for the multi-center randomized controlled clinical trial (RCT) on short term catheterization began in January 2012 at eight centers in sub-Sahara Africa. As of September 30, 2012 approximately 50% of the expected sample size enrolled.
- Three papers from the prospective observational study and one paper from the RCT published in peer review journals

Result 4: Strengthening the environment for fistula

- In Nigeria the national health management information system (HMIS) will now include key fistula indicators as part of routine reporting.
- In Uganda the MOH has adopted several of Fistula Care's tools for program monitoring and evaluation.
- Five new technical briefs published, which are available in both English and French on the website.

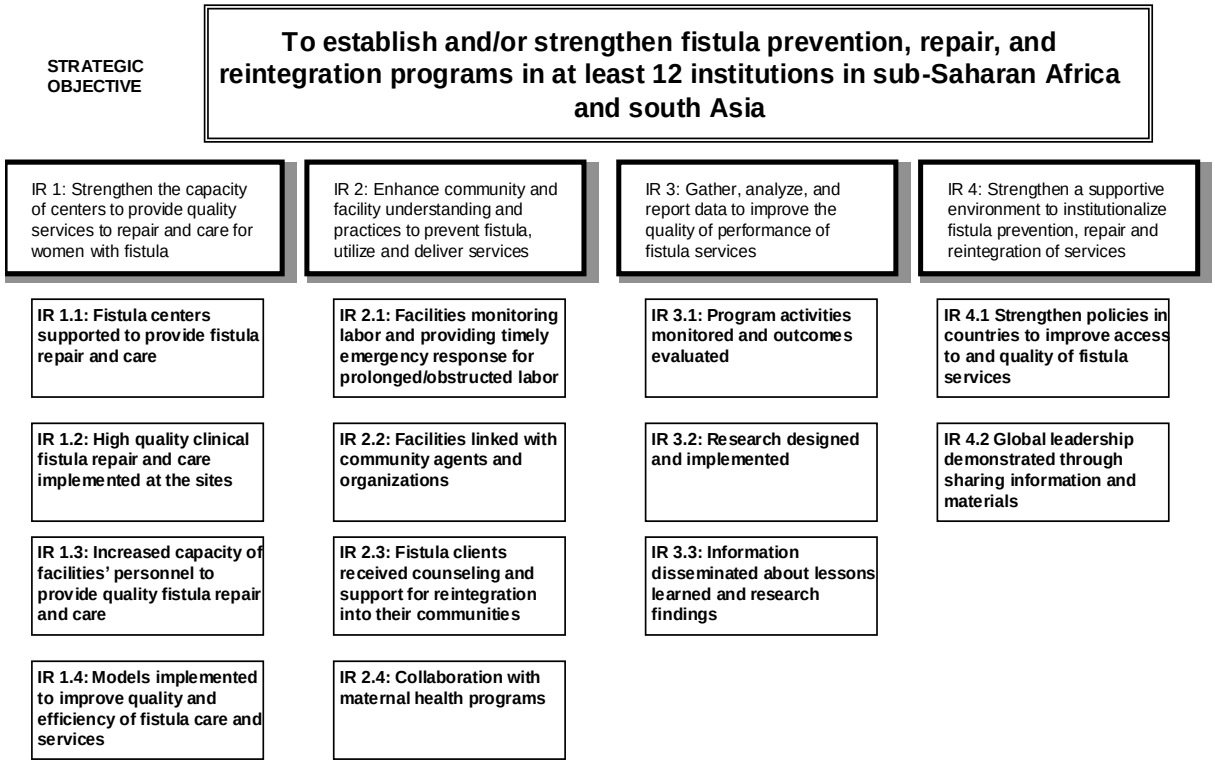
[1] The project received a one year extension until September 2013.

I. INTRODUCTION

The Fistula Care project is funded by the United States Agency for International Development (USAID) through Associate Cooperative Agreement (No. GHS-A-00-07-00021-00). The project was awarded a one year extension in December 2011 and will now end September 24, 2013. This report summarizes key accomplishments for the fifth year of Fistula Care (October 1, 2011-September 30, 2012), provides specific updates for the July-September 2012 quarter, and also presents trends on selected indicators for the last five years. The annual report is organized into the following sections: Annual Performance, Global Accomplishments by Results, Country Reports, and Management.

USAID support to EngenderHealth for fistula services began in 2004 under the ACQUIRE Project, primarily focused on training of surgeons in fistula surgery and strengthening the capacity of sites to provide quality fistula surgery. With the award of Fistula Care (FC), the scope of work expanded to include a focus on prevention activities. The goal of FC is to increase and strengthen the number of sites providing fistula services, as well as to support prevention through advocacy, increased attention to the provision of emergency obstetric care, the use of family planning, and to identify ways to support fistula clients post-surgery to reintegrate into their families and communities, if that is their desire and their need. The results framework for the project is shown below in Figure 1.

Figure 1: Fistula Care Results Framework



In FY11/12 Fistula Care-supported activities were implemented with public, private and faith-based partners in 10 countries: Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda, Sierra Leone, and Uganda. In addition we collaborated with several international partners: Direct Relief International, International Federation of Obstetricians and Gynecologists (FIGO), Fistula Foundation, the Gloag Foundation, Harvard Humanitarian Initiative, IntraHealth International, Maternal Health Task Force (MHTF), the White Ribbon Alliance, Women and Health International (WAHA), the World Health Organization (WHO), and UNFPA.

USAID, through country bilateral agreements, also supports fistula services in the DRC, Ethiopia and Pakistan. In FY11/12 ProSani, the USAID/DRC bilateral project began supporting fistula repairs at eight sites and expects to expand support for treatment services to an additional five sites in FY12/13 for a total of 13 sites. All but one of these sites performs repairs through visiting mobile surgical teams. USAID/Ethiopia supports two treatment and one prevention sites (through Hamlin Hospital). USAID/Pakistan is supporting the renovation of an Ob/Gyn and fistula ward at the Jinnah Postgraduate Medical College in Karachi of a facility in Karachi. This 60 bed fistula and Ob/Gyn ward and training institute for 150 under-graduate and postgraduate medical students is expected to be launched in November 2012. Details about fistula surgeries and training conducted through these bilateral agreements are included in the country section of this report.

During FY11/12 USAID supported fistula treatment and prevention work in 11 countries; a total of 90 sites were supported by USAID: 45 treatment sites (35 supported by FC) and 45 prevention only sites(44 supported by FC); see Figures 2 and 3; and Table 1. See Annex 1 for details about the supported sites in each country.

Figure 2. Number USAID Supported Sites and Countries, October 2011-September 2012

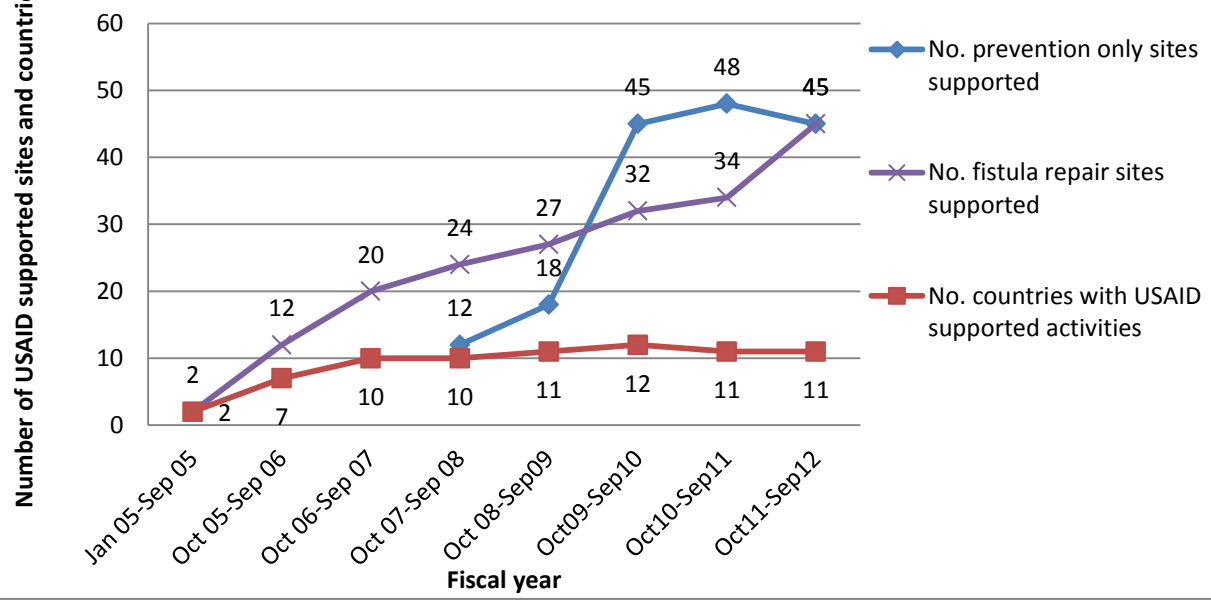


Figure 3. Number of fistula treatment sites by source of support and year

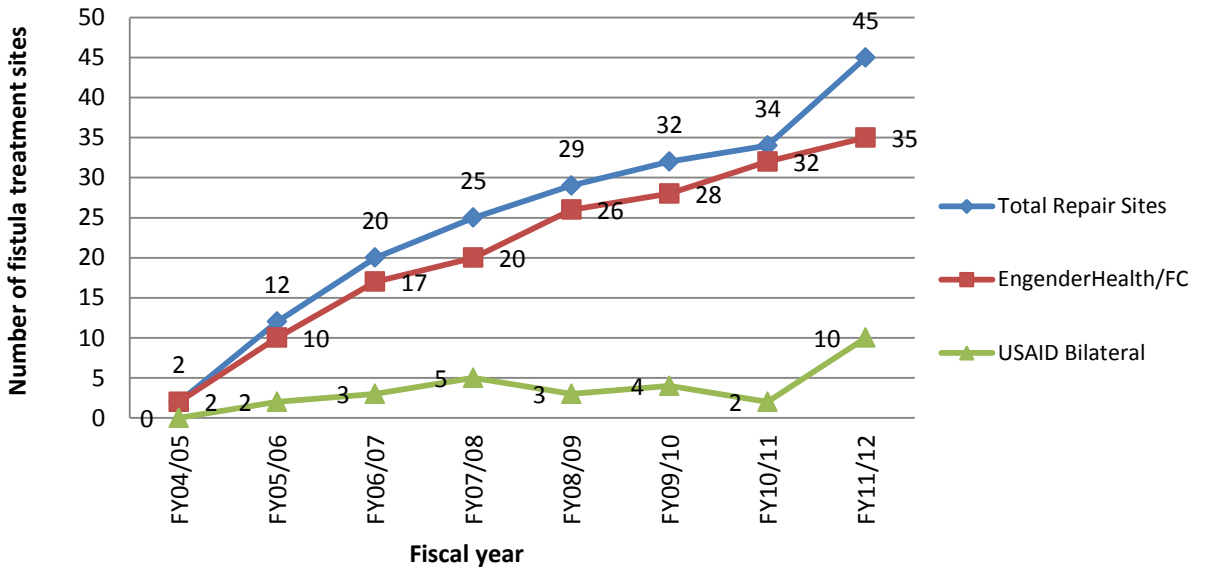


Table 1. Number of Countries and Sites Supported by USAID for Fistula Repairs and Prevention by Status, October 2011 to September 2012

Country	Active Countries	Number of Supported Sites in Active Countries			Number of sites under development[2]	Number Country Programs Completed
		Repair Sites[3]	Prevention only Sites	Total Sites		
Bangladesh	X	4	0	4	0	
DRC *	X	14	0	14	6 (T)	
Ethiopia**	X	2	5	7	0	
Guinea	X	3	6	9	0	
Mali+	X	1	4	5	3 (T)	
Niger	X	4	2	6	0	
Nigeria++	X	9	19	28	1 (T)	
Pakistan^	X	0	0	0	1 (T)	
Rwanda	X	4	0	4	0	
Sierra Leone	X	1	0	1	0	
Uganda	X	3	9	12	0	
Mercy Ships ^^						
Benin		NS	NS	NS	0	1
Ghana		NS	NS	NS	0	1
Liberia		NS	NS	NS	0	1
Togo		NS	NS	NS	0	1
Total	**11**	**45** **35 FC** **10 Other**	**45** **44 FC** **1 other**	**90** **79 FC** **11 Other**	**5T (FC)** **5 T (other)**	**4**

*ProSani, the USAID/DRC bilateral project supports fistula repair at eight. An additional five sites are expected to be active in FY13 providing fistula repair services. Fistula Care will expand to one new site in FY13 to provide repairs by visiting surgical teams from St. Joseph's.
**USAID/Ethiopia directly supports three sites through Hamlin Fistula Ethiopia (2 for repair and 1 for prevention activities).
+In March 2012 rebel forces took over Gao, destroying the sites previously supported. In FY13 we expect to support fistula repair services at three new sites.
++In FY13 FC will begin to support Ibadan University Teaching Hospital for fistula repair surgeries. In FY12 FC provided expendable supplies to Professor Ojengbede from Ibadan to perform surgery for cases referred to him from other FC supported sites. Those repairs are reported under 'other' under Nigeria in Table 3.
^USAID/Pakistan is supporting renovation of a facility in Karachi. The new site is expected to be launched in November 2012.
^^Fistula repair and training activities were carried out in four countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia, Benin, Togo) with USAID support through EngenderHealth funding mechanisms. USAID funding support to Mercy Ships ended in FY10.

[2] T=treatment; P=prevention; NS: not currently supported

[3] All FC supported fistula repair sites include one or more prevention interventions such as FP counseling and/or methods, and/or obstetric care services or community outreach about prevention and treatment.

II. Fistula Care Annual Performance

The Fistula Care Performance Management Plan (PMP) was developed in the first year of the project and includes a total of 15 core indicators organized by the four project results. Table 2 on the following pages shows the Fistula Care accomplishments for each project year compared to the proposed benchmarks and includes proposed benchmarks for FY12/13.

During FY11/12, we exceeded or were within 10% of our planned benchmarks for all but two of the 15; three indicators do not have annual benchmarks[4]. Below is a brief discussion of the project's overall accomplishments against these planned benchmarks, highlighting factors contributing to success and challenges. At the time of preparation of this report in November 2012 we had not yet received field support funds; the delay in release of these funds will have impact on the achievement of many of these planned benchmarks. Further details about these indicators are described in the Global Accomplishments section of this report.

Result 1: Strengthened capacity

Five indicators relate to strengthening capacity, including two at the strategic objective (SO) level.

Supported Sites (SO). The planned benchmark for all FC supported sites—repair and prevention-only—was 88[5]; by September 30, 2012 Fistula Care had provided support to a total of 79 sites (35 treatment and 44 prevention only sites); 10 sites were supported from USAID bilateral projects, bring the total to 90 sites supported with all USAID funds in FY11/12 (Pakistan not included in this count as it was not providing repairs during the FY).

We achieved the planned benchmark for supported treatment sites for (n=35): three new sites were added—two in Nigeria and one in Uganda. We did not achieve the planned expansion for prevention only sites: we planned to be supporting 53 sites and we supported a total of 44. In FY 10/11 the USAID mission in Nigeria informed us that we should transfer activities in FC supported prevention only sites to the bilateral project. In 2011, the Mission reversed this decision, however not all sites were added back to the FC portfolio; as a consequence, there was a reduction in the number of prevention only sites in Nigeria. See Annex 1 for a list of all USAID supported sites by country and their status of support at September 30, 2012.

FY12/13 Planned Benchmarks. The total number of FC supported sites planned for FY12/13 will be 76 (38 treatment and 38 prevention only). FY12/13 is the sixth and final year of the project and therefore expansion to new sites is limited. We will expand to one new site in the DRC where visiting surgical teams from St. Joseph's will visit periodically to provide surgical services; one site in Nigeria where we have been supporting limited repairs this past year; and three new sites in Mali (one site dropped); we will be dropping one site in Rwanda (Kibogora) due to insufficient fudning. We have not included in our projections any future work by USAID bilateral agreements,

[4] Indicators 9 (number of births); 10 (percent of births which are cesarean); 11 (percent of cesareans performed for obstructed/prolonged labor). No data available for indicator on partograph use; see discussion below under Result 2.

[5] Our FY11/12 benchmarks only included FC supported sites.

i.e., in DRC the ProSani project, Ethiopia Hamlin Hospitals or Jinnah Medical College in Pakistan. We have been told that the DRC bilateral will expand to five additional sites in FY12/13 and the Pakistan site is expected to become operational in FY12/13. The number of projected prevention only sites is lower than what was supported in FY12/13 because of the situation in Mali (four sites dropped) and two sites will be dropped in Uganda due to insufficient program funds.

Fistula Repairs (SO). The number of repairs performed in Fistula Care supported sites in FY11/12 was 4,759; our projected benchmark was 4,468 (performance was three percent above the projected benchmark), in spite of the disruptions to services (see the Management section about challenges in FY11/12). The total number of repairs performed at FC supported sites was 13% higher than in FY10/11 (4,225). A total of 987 repairs were reported by eight sites supported by USAID bilateral projects (eight in the DRC and two sites in Ethiopia); this is a 96% increase over the number reported last year (n=502). In FY11/12 the USAID/DRC bilateral project ProSani began supporting fistula repairs at eight sites (these sites include a combination of sites with onsite surgical capacity and sites where visiting teams conduct surgery). In total, USAID funds supported a total of 5,746 repairs in FY11/12 (22% increase from FY10/11). In FY 11/12 repairs at FC supported sites accounted for 83% of all repairs; 17% were reported the bilateral projects (53% from the DRC and 47% from Ethiopia).

While there was an overall increase in the number repairs reported from FC supported sites for the year, the performance in the final quarter of the year (July-September) was poor: a 16% decrease from the previous period (April-June). Delays in subaward processing meant that partners in Bangladesh, Niger, and Uganda did not have funds available during the fourth quarter of the year. This resulted in low or no performance at most of the sites in the final quarter. Other contributing factors to this year's performance (either up or down) by country include:

- **DRC**. The large increase in all repairs from DRC is a result of the addition of eight sites supported by ProSani (USAID bilateral). The number of repairs reported by Panzi in FY11/2 increased by more than 100% over the FY10/11 data (500, 180 respectively). The increase is a result of additional funding, outreach efforts, and mobile repair services in the first two quarters; however in the last two quarters fewer repairs were conducted because of security issues in the region.
- **Ethiopia.** Funding issues hampered program activities in the third quarter. No repair data were reported from Hamlin for the fourth quarter.
- **Niger.** There were fewer surgeries this year because of the earlier suspension of services at Maradi and limited surgeon availability at Dosso and Tahoua.
- **Nigeria.** Overall increases (1507 repairs in FY10/11 to 1720 in FY11/12) are due to new sites (Ogoja and Sobi) becoming active in FY11/12.
- **Rwanda**. Renovations at CHUK and Kanombe resulted in surgeons not being able to do surgeries. One doctor at Ruhengeri has left and joined CHUK.

For FY12/13 we are projecting that 38 FC supported sites will perform 4,500 repairs; this represents 5% fewer repairs than supported in FY11/12. The expected decline is because we will be closing out all subawards and field support activities by June 30, 2013, anticipating the end of the project on September 24, 2013.

Table 2: Fistula Care Achievements and Benchmarks by FY

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07[6]	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12	11/12	12/13
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
SO: To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in Sub-Saharan Africa & south Asia												
1. Total # of sites supported[7]	23	37	37	68	45	70	77	84	82	**88**	**90[8]**	**76**
Fistula Repair Sites	23	25	24	33	27	32	32	34	34	**35**	**45**	**38**
Prevention Only Sites	n/a	12	13	35	18	38	45	50	48	**53**	**45**	**38**
2. # fistula repair surgeries at USAID supported sites	3,437[9]	3,882	4,107 [10]	5,075	4,183[11]	4,250	4,972[12]	4,500[13]	4,727[14]	**4,468**	**5,746[15]**	4,500

[6]Baseline year of FY 06-07 was funded by the ACQUIRE Project. ACQUIRE funds continued to be used in selected countries in the first year of the project (Oct 07-Sept 08).

[7] Total number of sites reported under actual includes sites supported through other USAID bilateral arrangements in DR Congo and Ethiopia. Benchmarks only include FC supported sites since we have no active engagement with the bilateral awards. In FY13 we project that Fistula Care will support a total of XX sites (38 repair and XX prevention only sites). Projected fistula supported repairs through USAID bilateral programs incudes 15 in the DRC, 2 in Ethiopia (plus one prevention only site) and 1 site in Pakistan.

[8] FC supported sites: 35 treatment and 44 prevention only; USAID bilateral sites: 10 treatment (8 in the DRC; 2 in Ethiopia) and one prevention (Ethiopia).

[9] Updated based on revised data from USAID/Ethiopia support for Bahir Dar Fistula Hospital (total number of repairs were 470, representing 14% of all repairs supported with USAID funds in FY 06/07).

[10] Updated with revised data from Ethiopia for Bahir Dar and Mekelle Hospitals and DR Congo Project AXxes; total number of repairs supported by these projects were 1,291, representing 31% of all repairs in FY 07/08.

[11] Total number of repairs supported by USAID bilateral agreements in DR Congo and Ethiopia were 905, representing 22% of all repairs in FY 08/09.

[12] Total number of repairs supported by FC supported sites: 3,871; USAID bilateral agreements in DR Congo and Ethiopia reported 1,101 repairs, representing 22% of all repairs in FY 09/10.

[13] Projected 16% increase at FC supported sites. In FY 09/10 total number of repairs at FC supported sites was 3,871 (78% of all repairs reported)

[14] Total number of repairs at FC supported sites: 4,225; USAID/Ethiopia bilateral supported: 502. 89% of all repairs conducted at FC supported sites.

[15] Total number of repairs at FC supported sites (n=35): 4,759. USAID bilateral supported sites in DRC and Ethiopia (n=10) reported 987 repairs.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07[6]	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12	11/12	12/13
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
IR 1. Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula												
3. % of women who received fistula surgery who have a closed fistula & are dry upon discharge	98%	75%	83%	75%	74%	75%	73%	75%	76%	75%	78%	75%
4. % of women who had fistula surgery who experienced complications	9%	≤20%	5%	<20%	3%	<20%	3%	<20%	2%	<20%	1%	<20%
5. # of people trained, by type of training	603	1,800	4,858	5,000	5,531	3,050	6,922	7,545	7,848	3,600	4,396	3,900[16]
IR 2. Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration[17]												
6. # of community outreach events about fistula prevention	513	625	1,323	1,500	4,113	5,000	5,728	3,500	6,528	700	11,668	3,200
7. # of persons reached in outreach events about fistula prevention	239,675	350,000	442,534	500,000	720,058	750,000	1,026,674	558,000	1,157,230	300,000	1,315,861	325,000
80 % of all labors with partographs correctly completed & managed according to protocol	NA	NA	NA	80%	NA	80%	39%	80%	30%	80%	28%	80%

[16] 38% of projected benchmark is for Ethiopia pre-repair centers.

[17] We will not present benchmarks for indicators 9, 10 and 11. We will report on actual achievement by those sites were supporting to improve delivery and cesarean services

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07[6]	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12	11/12	12/13
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
9. Number of births at FC supported sites	NA	NA	NA	NA	30,002	NA	58,930	NA	78,443	NA	88,638	NA
10. Number/Percent of births that were by c section at FC supported sites	NA	NA	NA	NA	34%	NA	40%	NA	33%	NA	33%	NA
11. Number/Percent of c-sections that that were a result of obstructed labor or prolonged labor	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
IR 3. Gather, analyze and report data to improve the quality and performance of fistula services												
12. % of supported sites reporting and reviewing quarterly fistula monitoring data improving fistula services[18]	NA	45%	48%	80%	83% met at least 1x; 20% met 4x	80%	97% met at least 1 x; 14% met 1x/ quarter	80%	91% met at least 1x23% met 1x/ quarter	80%	85% met at least 1x; 13% met 1x/ quarter	80%
13. # of evaluation & research studies completed	0	1	0	3	1	2	3	13	10	6	2	5

[18] Fistula Repair centers are counted as well at the four pre-repair centers in Ethiopia.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07[6]	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12	11/12	12/13
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
IR 4. Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs												
14. Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment	NA	TBD	4	5	6	7	6	8	5	7	7	8
15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.	NA	TBD	26	68	36 sites using 9 tools	70	64 sites reported using 9 tools	85	66 sites using 9 tools	85	78 sites reported using 10 tools	76

n/a =not available NA=not applicable

Fistula Surgical Outcomes. The overall percentage of women with a urinary and urinary/RVF fistula who were discharged with a closed and dry fistula was 78%. Overall rates by country ranged from 51% in Niger to 87% in the DRC. Seven sites (two in Bangladesh, two in Niger and three in Nigeria) had overall annual rates less than 75%. In sites where the rates are less than 75% we routinely follow up to determine the causes for the low close/dry rates; most of these lower rates are attributable to complex fistula. The overall reported complication rate was one percent; only 11 sites reported any complications during the FY and these rates ranged from one to 10 percent. See individual country reportst for details by site for both indicators. Projected benchmarks for these two indicators will remain as in previous years.

Training. The planned benchmark was to train approximately 3,600 persons; a total of 4,396 persons attended training for fistula treatment and prevention. The majority of persons attending training (55%) were from the Ethiopia program that supports the pre repair units; training in Ethiopia includes new and refresher training for community volunteers as well as health post providers in screening procedures. More detailed discussion about training accomplishments in FY11/12 are presented below under the Global Accomplishments section Result 1 and Result 2). We are projecting to train 3,900 persons in the next year which is nearly 10% less than the actual for this year. This is due in part to a change in strategy in Ethiopia to have the training and community outreach events managed by the community health center partners and the winding down of programmatic activities by June 30, 2013 in all countries.

Result 2: Enhanced community and facility practices to prevent fistula

Six indicators relate to enhancing community and facility practices to prevent fistula.

Community Outreach. As shown in Table 2, the number of planned events and persons reached was much greater than what was projected: 11,668 community events reaching over one million persons was reported in eight countries: Bangladesh, DRC, Ethiopia, Guinea, Mali, Nigeria, Rwanda and Uganda. The majority of events (48%) and persons reached (52%) were in Ethiopia as a result of expanded outreach activities into new catchment areas for the pre-repair units. Ethiopia, Guinea, and Uganda conducted many more events than were originally estimated during planning last year. The projected benchmarks for FY12/13 are significantly reduced because of plans to turn the community outreach efforts in Ethiopia over to the local health centers and the expected ending of many community activities in all countries by June 30, 2013.

Maternity Related Services. No benchmarks are set for three of the four indicators: number of deliveries, number of cesarean deliveries, and percentage of cesareans performed as a result of prolonged/obstructed labor. We report on these indicators only in those sites where we are working to strengthen cesarean delivery services and/or use of the partograph. We agreed with USAID/W we would determine the feasibility of collecting/reporting on the proportion of cesareans for reasons of obstructed/prolonged labor by conducting a record review study. Data collection for this study was completed in FY10/11 and analysis presented to USAID in July 2012. We determined that routine collection of these data could be done, but only after work was done to clarify definitions of these terms (prolonged and obstructed labor). We will not be collecting this information as a routine indicator in the last year of the project.

Partograph Use. For partograph use, we have set up a monitoring system to review the completeness and correctness of partographs. Our annual benchmark is for 80% of all reviewed partographs to be completed correctly. In FY11/12, we conducted partograph reviews at 19 sites (down from 35 sites in FY10/11). The overall result of the partograph review was that 28% had been completed correctly. By facility, the rates of completeness ranged from 0 to 96%. A full report on this review is included in the Global Accomplishments section of this report, Result 2 (and Table 11).

Vaginal and Cesarean Deliveries. A total of 44 sites reported nearly 89,000 deliveries in FY11/12; one third of all reported births were by cesarean. Institutional rates varied by site, ranging from 10% or less to more than 50%. See Table 12 below under Global Accomplishments, Result 2.

Result 3: Use of data for decision making

We have two indicators to measure how the project is performing for this result: number of evaluation and research studies completed and routine review of quarterly fistula monitoring data for improving services. For FY11/12 we projected completing six studies; we completed a total of two studies in this FY:

- Ethiopia Cost Study.
- Summary report of key findings from multi-site cesarean retrospective record review (studies were carried out between 2010 and 2011 at nine sites in five countries).

The Ethiopia cost study was completed in early 2012 and a country report shared with USAID/Ethiopia and in country partners. In FY10/11 we completed a cost study in Nigeria. The key findings from both these studies were summarized and submitted to USAID/W in September 2012. In our FY11/12 workplan we had intended to complete a third cost study in Uganda, however those plans were dropped due to lack of resources.

The summary analysis of the cesarean retrospective record review study was discussed with USAID at our July 2012 management review meeting and a final report submitted in September 2012. In FY12/13 we will prepare a manuscript for publication of these findings.

The analysis of the findings from the Guinea evaluation study which is comprised of two parts—a review of the capacity of facilities to provide fistula treatment and prevention and community engagement--was not completed in this FY as planned. We will prepare two final reports and share them USAID in early FY12/13. In-country dissemination will take place in the second quarter of FY12/13.

We began planning for the evaluation of our FP integration efforts however we were unable to complete the evaluation in FY11/12. The evaluation will be completed by the second quarter of FY12/13.

In FY12/13 we will complete the community screening study in Nigeria (this was delayed because of security concerns) and the multi-center RCT study (see Result 3 for more information about the current status of these two studies).

During FY11/12, 33 (85%) of the 35 FC supported treatment centers and four pre repair centers met at least once during the project year to review data (see Table 15 under Global Accomplishments, Result 3) A total of 5 sites (13%) met at least once per quarter during the year, a slight decrease from last year. Data was not available from two DRC sites for the last quarter.

Result 4: Strengthening the environment for fistula

The two indicators for strengthening the environment for fistula are: number of countries that are adopting, revising or initiating policies for fistula prevention and treatment; and number of supported facilities using FC-produced technical products for improving fistula treatment and prevention services. Seven countries—Bangladesh, the DRC, Ethiopia, Guinea, Mali, Nigeria, and Uganda-- reported on activities to strengthen policies for fistula during this FY; See Result 4, below for more details. A total of 78 Fistula Care supported sites reported use of at least one product during the year —the fistula quarterly reporting forms; the other most frequently used tools were the monitoring and supervision checklist and the family planning tools, and fistula surgery job aides. See Table 15 below under the Global Accomplishments, Result 4 of this report for full details.

III. Global Accomplishments

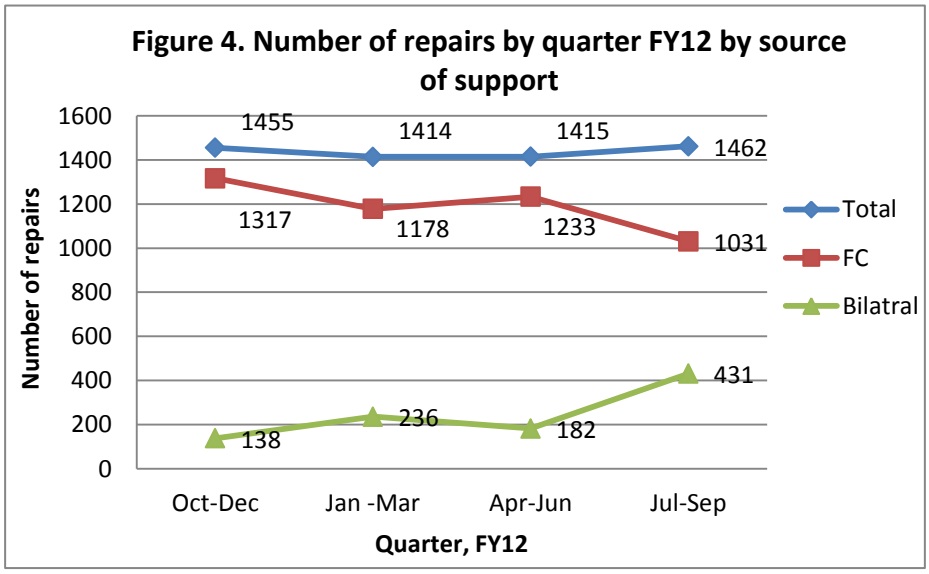
RESULT 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

Supported Repair Sites

During this FY a total of 10 new sites began providing fistula repair services (two supported by FC and eight supported through the USAID/DRC ProSani bilateral). The USAID/Pakistan supported site is nearing completion of renovations and is expected to be inaugurated in November 2012. The total number of USAID-funded fistula treatment facilities reporting repairs in FY11/12 is 45 in 10 countries[19].

Fistula Repairs

As shown in Figure 4 and Table 3, during FY11/12 a total of 5,746 repairs were supported with funding from USAID; 83% performed at Fistula Care supported sites and 17% at USAID bilateral sites in the DRC and Ethiopia. There was a 16 % decline in services between the April-June and July-September quarters at the FC supported sites; reasons for this decline are discussed above under the section about Annual Accomplishments. As of September 30, 2012, **over 28,000 repairs** have been supported with USAID funding since 2005 (79% at Fistula Care supported sites).



[19] Pakistan not included since they have not yet started providing services.

Table 3. Number of Fistula Repair Surgeries at USAID Supported Sites, by Country, Site and Year

	Pre FC: FY 04/05 to FY 06/07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 11/ 12	FY 12 Oct 11 - Sep 12					Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**FY 05 – FY 12**
Africa Mercy											
Benin	NS	NS	110	21	20	NS	NS	NS	NS	NS	151
Ghana	63	NS	NS	NS	NS	NS	NS	NS	NS	NS	63
Liberia	0	59	NS	NS	NS	NS	NS	NS	NS	NS	59
Togo	0	NS	NS	97	NS	NS	NS	NS	NS	NS	97
Total	**63**	**59**	**110**	**118**	**20**	**NS**	**NS**	**NS**	**NS**	**NS**	**370**
Bangladesh											
Ad-Din Dhaka	NS	NS	NS	34	50	18	10	17	8	53	137
Ad-Din Jessore	NS	NS	NS	2	1	6	13	0	6	25	28
Kumudini	53	57	49	37	25	8	10	15	0	33	254
LAMB	116	52	81	70	74	26	8	32	7	73	466
MCH	63	13	1	NS	0	0	0	0	0	0	77
Total	**232**	**122**	**131**	**143**	**150**	**58**	**41**	**64**	**21**	**184**	**962**
DRC											
HEAL Africa	268	200	214	210	163	60	37	82	109	288	1343
IGL	0	0	0	0	38	23	17	18	20	78	116
MSRK	0	NS	NS	NS	35	32	29	24	66	151	186
Mutombo	0	NS	NS	NS	104	26	26	13	15	80	184
Panzi	371	134	268	262	180	190	214	58	38	500	1715
St. Joseph	NS	NS	NS	NS	45	23	28	51	22	124	169
USAID Bilateral Sites											
Project AXxes	NS	361	442	514	NS	NS	NS	NS	NS	NS	1317
Kabongo	NS	NS	NS	NS	NS	NS	NS	NS	50	50	50

	Pre FC: FY 04/05 to FY 06/07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 11/ 12	FY 12 Oct 11 - Sep 12					Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**FY 05 – FY 12**
Katako Kombe	NS	NS	NS	NS	NS	NS	NS	NS	87	87	87
Kaziba	NS	NS	NS	NS	NS	30	30	30	62	152	152
Lodja	NS	NS	NS	NS	NS	NS	NS	NS	82	82	82
Luiza	NS	NS	NS	NS	NS	NS	NS	NS	28	28	28
Malemba Kulu	NS	NS	NS	NS	NS	NS	NS	NS	60	60	60
Tshikaji	NS	NS	NS	NS	NS	NS	NS	NS	49	49	49
Uvira	NS	NS	NS	NS	NS	NS	NS	NS	13	13	13
Total	**639**	**695**	**924**	**986**	**565**	**384**	**381**	**276**	**701**	**1742**	**5551**
Ethiopia											
Arba Minch	NS	NS	NS	27	NS	NS	NS	NS	NS	NS	27
Bahir Dar Ctr	564	596	297	383	307	70	109	89	n/a	268	2415
Mekelle Ctr	NS	n/a	166	177	195	38	97	63	n/a	198	736
Total	**564**	**596**	**463**	**587**	**502**	**108**	**206**	**152**	**n/a**	**466**	**3178**
Guinea											
Ignace Deen	193	63	49	20	NS	NS	NS	NS	NS	NS	325
Jean Paul II	NS	36	88	126	144	70	46	40	29	185	579
Kissidougou	298	130	148	132	193	73	49	21	46	189	1090
Labe	NS	NS	31	114	122	32	35	36	20	123	390
Total	**491**	**229**	**316**	**392**	**459**	**175**	**130**	**97**	**95**	**497**	**2384**
Mali											
Gao Regional Hospital	NS	NS	46	40	91	17	26	10	NS	53	230
Total		**0**	**46**	**40**	**91**	**17**	**26**	**10**	**0**	**53**	**230**
Niger											
Dosso	NS	17	15	22	41	1	3	7	10	21	116
Lamordé	27	70	84	129	173	0	32	33	45	110	593
Maradi	NS	123	59	63	67	24	0	14	7	45	357

	Pre FC: FY 04/05 to FY 06/07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 11/ 12	FY 12 Oct 11 - Sep 12					Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**FY 05 – FY 12**
Tahoua	NS	NS	NS	6	52	4	8	13	8	33	91
Tera	NS	3	NS	NS	NS	NS	NS	NS	NS	NS	3
Total	**27**	**213**	**158**	**220**	**333**	**29**	**43**	**67**	**70**	**209**	**1160**
Nigeria											
Abakaliki Fistula Centre	NS	NS	189	330	268	39	43	68	127	277	1064
Babbar R.	356	536	331	359	330	118	67	120	111	416	2328
Faridat Yak.	180	150	187	115	114	16	25	38	37	116	862
GH Ogoja	NS	NS	NS	NS	NS	21	23	42	28	114	114
Kebbi	102	122	151	207	216	53	76	53	33	215	1013
Laure Fistula Ctr.	339	473	337	265	379	56	80	89	63	288	2081
Maryam Abacha	104	156	152	200	137	28	37	51	22	138	887
Ningi	NS	NS	NS	NS	63	0	23	0	55	78	141
Sobi	NS	NS	NS	NS	NS	13	6	3	13	35	35
Other	NS	NS	NS	136	NS	NS	7	7	29	43	179
Total	**1081**	**1437**	**1347**	**1612**	**1507**	**344**	**387**	**471**	**518**	**1720**	**8704**
Rwanda											
CHUK	100	36	51	126	109	0	2	2	0	4	426
Kanombe	NS	NS	14	48	38	45	5	5	0	55	155
Kibogora	NS	NS	NS	NS	NS	21	0	0	0	21	21
Ruhengeri	192	47	102	85	131	15	14	3	2	34	591
Total	**292**	**83**	**167**	**259**	**278**	**81**	**21**	**10**	**2**	**114**	**1193**
Sierra Leone											
Aberdeen	272	363	253	166	211	64	80	45	55	244	1509
Total	**272**	**363**	**253**	**166**	**211**	**64**	**80**	**45**	**55**	**244**	**1509**

	Pre FC: FY 04/05 to FY 06/07	FY 07 / 08	FY 08 / 09	FY 09 / 010	FY 11/ 12	FY 12 Oct 11 - Sep 12					Grand Total
Country	**Total**	**Total**	**Total**	**Total**	**Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**July-Sep**	**Total**	**FY 05 – FY 12**
Uganda											
Hoima	NS	NS	NS	NS	NS	84	NS	100	0	184	184
Kagando	253	118	85	206	363	40	44	59	0	143	1168
Kitovu	604	192	183	243	248	71	55	64	0	190	1660
Total	**857**	**310**	**268**	**449**	**611**	**195**	**99**	**223**	**0**	**517**	**3012**
Overall Total	**4518**	**4107**	**4183**	**4972**	**4727**	**1455**	**1414**	**1415**	**1462**	**5746**	**28253**
FC	3315	2816	3278	3871	4225	1317	1178	1233	1031	4759	22264
Bilateral projects	1203	1291	905	1101	502	138	236	182	431	987	5989

n/a: not available NS=not supported by USAID in reporting period.

Treatment for 'fresh fistula'. In October 2010, we began asking supported repair sites to report their treatment of women with 'fresh fistula' using in-dwelling catheterization. Table 4 shows the data reported to us for the last two years. In FY11/12 eight countries and 18 sites reported offering this treatment (including two of the pre-repair centers in Ethiopia). We need to work with sites to improve reporting: to report on the outcome for these women, as well as to distinguish, when a site does not report, whether it reflects lack of availability of the service or no demand. As shown, in FY11/12 a total of 222 women were treated using indwelling catheterization, the majority of whom were reported from FC supported sites in Nigeria (88%).

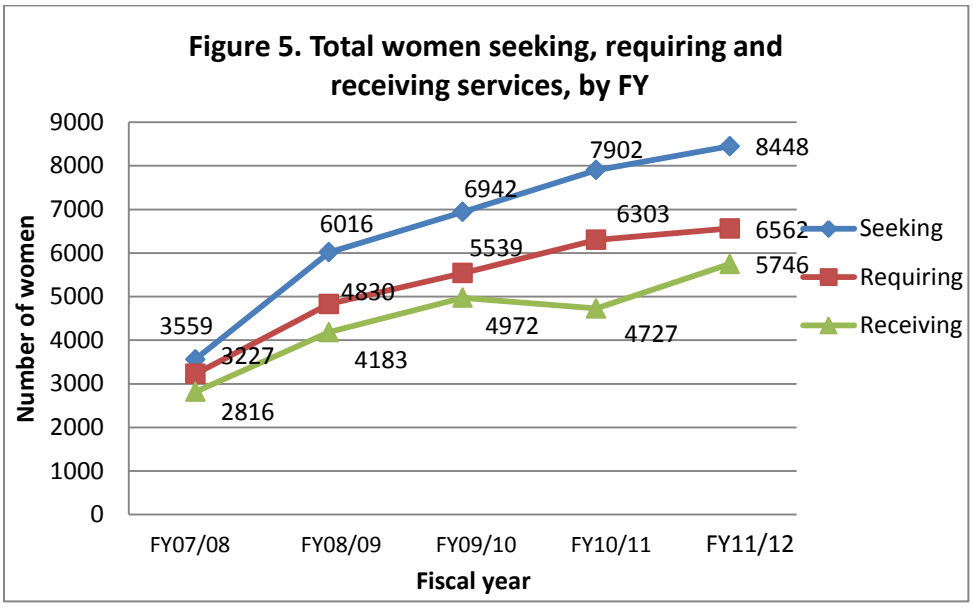
Table 4. Number women treated for "fresh fistula" by catheterization by country and site, October 2011-September 2012

Country/Site	Oct 2010-Sept 2011	Oct 2011 – Sept 2012	Total
Bangladesh			
LAMB	0	1	**1**
DRC			
HEAL Africa	1	9	**10**
Panzi	1	2	**3**
St. Joseph's	2	2	**4**
Ethiopia			
Adet	0	1	**1**
Sekota	2	0	**2**
Woreta	0	4	**4**
Mali			
Bourem	0	1	**1**
Niger			
Maradi	1	1	**2**
Nigeria			
Babbar Ruga	51	88	**139**
Ebonyi National Fistula Centre	3	1	**4**
Faridat Yak.	3	2	**5**
Kebbi	26	1	**27**
Laure Fistula Centre	31	67	**98**
Maryam Abacha	21	35	**56**
Ningi	5	3	**8**
Rwanda			
Kanombe	7	2	**9**
Ruhengeri	0	1	**1**
Uganda			
Hoima	0	1	**1**
Kagando	6	0	**6**
Kitovu	5	0	**5**
Total	**165**	**222**	**387**

Trends across countries and reporting years. Presented below are trends from October 2007 through September 2012 for the following indicators: number seeking repair services, number requiring surgery, number receiving surgery, percent of all fistula surgeries which were first surgeries, outcome of fistula repair at time of discharge and reported complications. Country specific trends for seeking, requiring and getting surgery are presented in each country report below.

Number of women seeking fistula repair services. The number of women seeking fistula repair services has increased steadily over time since October 2007, with an almost two-fold increase; See Figure 5. This increase can be attributed in part to an expansion of the project to additional countries and more supported sites; however, continued efforts to raise

awareness about the availability of fistula repair services, and word-of-mouth transmission of information, likely play a large role in this increase [20].



Percent of women requiring fistula surgery of those seeking it. Among those women seeking fistula repair services, the number of women requiring repair services has similarly increased steadily (see Figure 5).

Percent of women who received surgery of those requiring it. The number of women receiving services has not increased commensurate to the need for repair, indicating a continued backlog of patients needing, but not receiving repair services in some countries, though in FY11/12 the gap was less than in previous years. Gaps in funding, reassignment of surgeons, and the complexity of repairs as demand increases may all be contributing factors. In addition, there is the question of capacity – the number of repairs that are feasible in any one year at a given site, based on surgeon availability and skill, bed capacity, nursing care, etc. With this data in hand, in the coming year the project will review this trend by country in collaboration with partners to determine in more detail the root causes and identify potential solutions.

***Percent of repairs that were first repairs*.** In FY11/12 more than 70% of repairs in DRC, Ethiopia, and Guinea were first repairs; the proportions were lower in other countries, ranging from 49% in Niger to 68% in Nigeria (see Table 5). Trends in the remaining countries either held steady or varied slightly in either direction each year.

[20] As reported by sites; the reporting on this indicator has improved in the later years of the project compared to the early years which could account for some of the increase.

Table 5. Percent Women getting First Fistula Repair Surgery by Country and Year

Country	FY 07 / 08	FY 08 / 09	FY 09 / 10	FY10/ 11	FY11/ 12
Africa Mercy	64%	72%	60%	75%	n/a
Bangladesh	79%	67%	73%	65%	74%
DRC	27%	65%	76%	73%	78%
Ethiopia	n/a	87%	90%	82%	77%[21]
Guinea	69%	59%	68%	75%	56%
Mali	NS	62%	34%	63%	76%
Niger	49%	40%	42%	50%	49%
Nigeria	54%	71%	63%	68%	68%
Rwanda	48%	69%	65%	52%	62%
Sierra Leone	80%	64%	80%	68%	66%
Uganda	66%	76%	73%	69%	75%

NS: not supported (no services supported by USAID during the reporting period); n/a: data unavailable for the time period

Percent of women discharged with closed and dry fistula. The percent of women who had a closed urinary fistula and were dry was 78% overall for all sites in FY11/12. Overall, the proportion of women with urinary fistula which are closed and dry at discharge has increased relative to the previous two FYs, but is lower than that reported in FY 07/08. Rates in Niger continue to be the lowest across all years compared to other countries (see Table 6).

Table 6. Percent of Women Closed and Dry, Urinary only & Urinary/ RVF Repairs at Time of Discharge, by FY and Country

Country	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY11/12
Africa Mercy	88%	72%	78%	60%	NS
Bangladesh	71%	71%	76%	71%	76%
DRC	81%	60%	67%	87%	87%
Ethiopia	NA	81%	76%	69%	65%[22]
Guinea	75%	80%	87%	89%	80%
Mali	NS	88%	75%	86%	79%
Niger	71%	54%	55%	77%	51%
Nigeria	93%	74%	67%	71%	74%
Rwanda	74%	80%	83%	75%	76%
Sierra Leone	73%	71%	84%	84%	71%
Uganda	79%	87%	79%	75%	81%
Overall Total	**83%**	**74%**	**73%**	**76%**	**78%**

NS: not supported (no services supported by USAID during the reporting period)

[22] Data available only for first quarter.

Other Surgeries in Support of Fistula Repair. For women who have a urinary and/or a recto vaginal (RVF) fistula, some require a procedure before and/or after the repair to improve the outcome. Summarized in Table 7 are the additional surgeries performed over the last four years (all countries). In total, 3,482 additional surgeries have been reported to Fistula Care (527 in FY 08/09, 939 in FY 09/10, 985 in FY 10/11, and 1,031 in FY11/12). The consistent trend across the four years has been that the top three types of additional surgeries are: examination under anesthesia; urethral lengthening and other operations for concomitant stress urinary incontinence, including sling procedures; and $3^{rd}/4^{th}$ degree perineal tear repair.

- ***Examination under Anesthesia (EUA) as a discrete activity***. This practice has anecdotally been reported to be on the decline. However, our data show that, although it is not very common, its use has stabilized and it is the most common auxiliary procedure reported over the last four years: 844 in total, or 24% of all additional procedures; this procedure is associated with four percent of all repairs. Previously the practice was to conduct EUA as a discrete procedure before scheduling fistula surgery so as to determine location, size, number of fistula, scarring, vaginal capacity and decide on the route of operation. Gradually, this practice has shifted towards performing EUA at the same time as the definitive surgery, so that a woman does not need to go back to the ward to await another surgical list. However, surgeons need considerable confidence and skill to know that they can deal with whatever complexity of fistula they find. In addition, it can be difficult to complete a proper exam without the light source, adjustable table and anesthesia found in theater. Most EUAs are conducted under spinal, rather than general anesthesia as are part of the fistula repairs themselves.
- ***Urethral lengthening and other operations for urinary stress incontinence***. This procedure, like EUA, is also commonly performed, accounting for 24% of all procedures performed in the last four years (and associated with 4% of all repairs), a total of 820 procedures, although the proportions have varied in the last four years, ranging from 16 to 32%. It is not surprising that the procedure is so common, since residual incontinence is one of the most common and distressing outcomes of fistula repair, and much of this is of the stress variety. Surgeons therefore carry out additional procedures at the time of repair or later post operatively to try and address this complication. Stress incontinence is an important marker of perceived 'success or failure' of the repair. There is considerable variation in treatment and prevention procedures for this condition across countries. There are no specific reports of mesh implantations being used, nor other considerations that would present safety concerns at present.

Table 7. Total Number of Additional Surgeries By Year[23]

	FY 08-09		FY 09/10		FY 10/11		FY 11/12		TOTAL		
	N	%	N	%	N	%	N	%	N	% of all additional surgeries	% of all repairs (n=19,628)
Examination under anesthesia	132	25%	265	28%	237	24%	210	20%	**844**	24%	4%
Urethral lengthening & other operations for concomitant stress incontinence, including sling procedures	95	18%	303	32%	257	26%	165	16%	**820**	24%	4%
3rd/4th degree perineal tear repairs	89	17%	109	12%	131	13%	149	14%	**478**	13%	2%
Prolapse IF associated with fistula	34	6%	10	1%	98	10%	288	28%	**430**	12%	2%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	59	11%	68	7%	88	9%	69	7%	**284**	8%	1%
Removal of bladder stones or foreign bodies in viscera	52	10%	49	5%	67	7%	49	5%	**217**	6%	1%
Colostomy and reversal colostomy	22	4%	19	2%	28	3%	11	1%	**80**	2%	0%
Wound resuture	17	3%	7	1%	10	1%	13	1%	**47**	1%	0%
Abdominal exploration	2	<1%	0	0%	0	0%	3	<1%	**5**	<1%	<1%
Urinary diversion	0	0%	0	0%	2	<1%	10	1%	**12**	<1%	<1%
Other vaginal procedures	0	0%	0	0%	12	1%	15	1%	**27**	1%	<1%
Other urethral procedures	0	0%	0	0%	16	2%	6	1%	**22**	1%	<1%
Other bladder procedures	0	0%	0	0%	14	1%	16	2%	**30**	1%	<1%
Other perineal and vulval procedures	0	0%	0	0%	1	<1%	3	<1%	**4**	<1%	<1%
Other rectal, anal and sigmoidal procedures	0	0%	0	0%	2	<1%	3	<1%	**5**	<1%	<1%
Other general fistula-related surgery*	25	5%	99	11%	9	1%	15	1%	**148**	4%	<1%
Other [24]	0	0%	10	1%	0	0%	0	0%	**10**	<1%	<1%
Other unspecified	0	0%	0	0%	13	1%	6	1%	**19**	1%	<1%
TOTAL	**527**	**100%**	**939**	**100%**	**985**	**100%**	**1031**	**100%**	**3482**	**100%**	**18%**

* Béance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

[23] All information on additional surgeries provided for Niger prior to December 2009 were provided using incorrect data definitions. All wound re-sutures and use of anesthesia were reported (including those part of routine fistula repair), instead of only additional procedures. Beginning in January 2010, reported data used the correct definitions

[24] FY09/10, all from Nigeria= urethral reconstruction, repair of cystocele, perineorhaphy, vaginoplasty

- ***Removal of bladder stones and foreign bodies in viscera.*** Presence of foreign bodies predisposes to infection and bladder irritation and/or obstruction and could interfere with normal tissue healing after fistula repair. The practice is therefore to remove such impediments before fistula repair. The performance of these surgeries has been similar over the last four years and across all programs. In total over the last four years, six percent of all additional surgeries have been for removal of bladder stones and foreign bodies in viscera.
- ***Uterine or other pelvic organ prolapse (POP) surgery associated with fistula***. This category is relatively uncommon, but an important procedure, accounting for 12% of all additional procedures over the last four years, and associated with two percent of all repairs. The category is of importance because of the epidemiologic and potential programmatic link between prolapse and female genital fistula. Anecdotally, high numbers of POP are encountered in Sierra Leone, Nigeria, Ethiopia and other programs, but the numbers reported here are not very high, because the project is only supporting prolapse repair among women with a fistula. Community-level surveillance is needed to get a better picture of magnitude of POP and fistula together, and such a screening exercise is currently being conducted in the Nigeria program.
- ***Urinary diversions.*** These procedures – and related ones such as colpocleisis -- are rarely reported by FC partners, accounting for less than one percent of all additional procedures and associated with less than one percent of all repairs. This may partly be a result of the fact that we work with fistula surgeons who recognize this as a last resort. We also encourage surgeons not to consider diversion as the default option and to be aware of the health and psycho-social implications of urinary diversions. Urinary diversions involve major surgery and there are crucial programmatic and ethical considerations that arise when undertaking this surgery. Following the 2011 consultative meeting Fistula Care co-hosted with the Harvard Humanitarian Initiative on women deemed incurable, we are working with professional organizations to develop standards around this issue. A full copy of this meeting report is available on Fistula Care's web site.

Training

International Training Curriculum for fistula surgery. The project has a sub-award with FIGO to facilitate workshops to introduce the standardized training curriculum for master trainers and to assist FIGO in identifying accredited training centers in sub-Saharan Africa. Through the subaward, FIGO introduced *The Global Competency-Based Fistula Surgery Training Manual*[25] to master trainers in Anglophone and Francophone Africa. In FY10/11 (August 2011) FIGO led a two-day training of trainers workshop for Anglophone surgeons in Dar es Salaam. In FY11/12 (July 2012), Dr. Suzy Elneil (the author of the training manual) and Professor Serigne Gueye (Professor of Urology, University of Cheikh Anta Diop, Dakar) led the Francophone workshop in Dakar, Senegal. Participants in the Dakar workshop included professors (and university deans)

[25] Available online from FIGO in English and in French. Hard copies and CDs can be obtained by contacting Alexandra Gilpin at the FIGO Secretariat < Alexandra@figo.org.>. The training manual was produced in collaboration with global experts with funding from UNFPA.

and experts in the field of urology and gynaecology attached to Francophone Africa academic institutions/hospitals, and surgeons who perform fistula surgery regularly and offer training in fistula surgery from Benin, Cameroun, Chad, Guinea, Niger, and Senegal; invited representatives from Mali and the DRC were unable to attend. The opening ceremony was chaired by the Dean of the School of Medicine at Cheikh Anta Diop University (Dakar), and was also attended by the AMREF Director for West Africa, the President of the Inner Wheel, and representatives from WAHA International and UNFPA.

Workshop delegates will engage with their respective Ministries of Health and Schools of Medicines to raise awareness of the training manual and to develop or update a fistula surgery training program in their country – based on the standardized curriculum--and to disseminate the training manual to the different professional societies within their respective countries. FIGO will be deciding whether they want to implement a training programme in Benin or Chad.

Curriculum on Prevention and Management of Obstetric Fistula for Nurses and Midwives. In FY07/08 USAID East Africa provided funds to the East, Central and Southern Africa Congress of Nurses (ECSACON) for the development of this curriculum. USAID/East Africa asked Fistula Care to provide technical assistance the following year. In 2010 the ECSA-Health ministers Conference launched the Fistula Care policy and passed a resolution (ECSA/HMC 50/R3) where member states were urged to develop comprehensive training programs at the pre and in-service levels to address issues of stigma, attitude, client care and quality service provision putting into consideration the cultural/traditional concerns as a way to prevent and manage fistula.

Multiple changes in staff at East, Central and South African Health Community (ESCA) resulted in long delays and the final draft was sent to ECSA for review and approval in September 2011. The curriculum was reviewed by both the ECSACON Council and East Central and Southern Africa health Community (ECSA-HC) reproductive Health Expert Committee. The training curriculum was finalized and printed this FY. The curriculum will be launched at the Regional Health Ministers conference in December 2012. Prior to the meeting of the Health Ministers, the Directors of the Joint Consultative Committee (representatives from various ministries and professional associations, e.g., Director of Medical Services, chairpersons from national nursing and midwifery councils, national Chief Nursing Officers, etc.) will meet to review the nursing curriculum and will recommend it's adoption to the Health Ministers. Because of the high level professional associations buy-in to the curriculum it is very likely to be incorporated into training programs at the national level in each country that has committed to strengthen fistula care services. Once the Health Ministers approve the curriculum it will be distributed in hard copy by ECSA to nursing and midwifery councils, Ministries of Health, nurses and midwives training institutions in every member country and other stakeholders in the region. The purpose of the curriculum is to impart knowledge, attitudes and skills in nursing and midwifery tasks in prevention of fistula, as well as pre-, intra-, and postoperative care for women who receive fistula treatment. The training package includes a facilitator's guide and participant handbook. A presentation about the

development of the curriculum will be made at the 2012 International Society of Obstetric Fistula Surgeons (ISOFS) Conference in Dhaka, Bangladesh in November 2012.

Counseling Curriculum for Fistula Clients. Fistula Care developed a curriculum for counseling fistula patients: *Counseling the obstetric fistula client: A training curriculum* and a companion module, C*ounseling the traumatic fistula client: A supplement to the obstetric fistula counseling curriculum*. While both documents were completed in FY10/11 they were not printed and disseminated until FY11/12. English and French versions of the counseling curriculum as well as English and French versions of the supplement are available on the Fistula Care web site. The obstetric fistula counseling curriculum is designed to prepare providers to meet the information and counseling needs of obstetric fistula clients before, during, and following treatment, including referral for services and issues which may be outside the scope of providers' responsibilities. The training materials focus on counseling clients with *obstetric fistula* caused by obstructed labor. The traumatic fistula counseling module is designed to help providers counsel women who have experienced traumatic gynecologic fistula due to sexual violence; this module will be used in programs in the DRC, Niger and Sierra Leone in FY 12/13.

Training at Supported Facilities. Twenty-one surgeons from six countries attended first time training in fistula repair and 32 surgeons from eight countries received additional training; see Table 8. As shown in Table 9 over 4,000 persons attended training in a range of topics about fistula treatment and prevention. Training in pre- and postoperative care management was conducted with 151 providers from seven countries. Other training in support of fistula treatment included infection prevention (260 providers trained), fistula counseling (195 providers trained), and quality assurance/improvement (69 providers trained).

Table 8. Training in Surgical Repair by Country, October 2011 thru September 2012

Country	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	FY Total
Number Surgeons Trained for First Time in Fistula Repair					
Bangladesh	1	0	0	0	1
DRC	2	0	1	0	3
Niger	0	2	0	0	2
Nigeria	0	4	2	6	12
Sierra Leone	1	0	0	0	1
Uganda	1	1	0	0	2
Total	**5**	**7**	**3**	**6**	**21**
Number Surgeons Continuing Training in Fistula Repair					
Bangladesh	2	0	0	0	2
DRC	0	6	4	3	7[26]
Guinea	5	0	0	0	5
Mali	3	0	0	0	3
Nigeria	0	0	2	3	5

[26] Four surgeons received continuing training in both the second and third quarters, and two other received continuing training in the second and fourth quarters and are only counted once in the FY total.

Country	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	FY Total
Rwanda	5	7	0	0	7[27]
Sierra Leone	0	1	1	1	1[28]
Uganda	0	0	2	0	2
Total	**15**	**14**	**9**	**7**	**32**

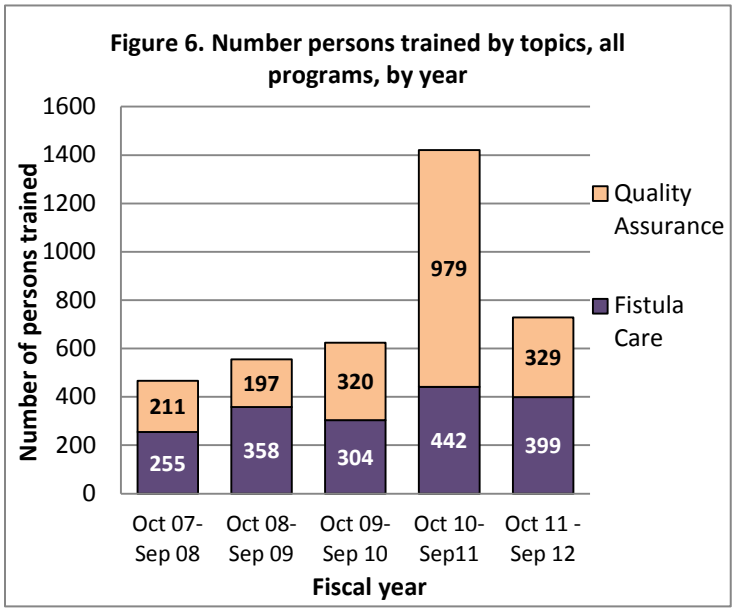
Table 9 Number of persons trained by topic, Country October 2011 thru September 2012

	Bangladesh	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	1	3	0	0	0	2	12	0	1	2	**21**
Follow up fistula repair & care training for surgeons	2	7[29]	0	5	3	0	5[30]	7	1[31]	2	**32**
Fistula nursing care /pre post op care	0	12	0	0	93	4	13	4	18	7	**151**
Infection Prevention	69	23	0	44	40	0	31	0	24	29	**260**
Quality Assurance	26	10	0	0	20	0	0	13	0	0	**69**
Fistula Counseling	39[32]	0	0	15	115	0	0	0	0	26	**195**
FP methods/LAPM methods	122	77	0	0	0	0	52	50	9	10	**320**
FP counseling	30	0	0	0	0	0	12	0	0	0	**42**
Obstetric care (general)	17	12	0	54	0	0	0	0	34	0	**117**
---- partograph	37	40	0	0	0	75	0	0	0	82	**234**
----partograph, C-section and catheterization	0	170	0	0	0	0	0	0	0	0	**170**
Fistula Screening and /Prevention for Health workers	205	0	1,261	0	0	0	0	0	12	0	**1,478**
Community Outreach & Advocacy	26	0	1139	10	0	0	0	0	0	0	**1,175**
Other	5	10	0	22	27	0	109	0	76	36	**285**

[27] Five surgeons received training in both the first and second quarters, and are only counted once in the FY Total.
[28] One surgeon received first training in the first quarter and continuing training in the second, third and fourth quarters.
[29] Three surgeons in the DRC received first training in the one quarter and continuing training in another. They are only counted once in FY total of trainees. Six surgeons received continuing training in multiple quarters and are only counted once.
[30]2 surgeons received first and continuing training during the FY, and are only counted once in the country and FY total.
[31] The same surgeon received first training in the first quarter and continuing training in the second quarter and is therefore only counted once when calculating FY totals.
[32] Training was in both family planning and fistula counseling.

	Bangladesh	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
Total	**579**	**361**	**2,400**	**150**	**298**	**81**	**232**[33]	**74**	**27**[34]	**194**	**4,396**[35]

The number of providers attending training in topics related to fistula care (surgical skills, pre and postoperative care, fistula counseling) decreased slightly when compared to the previous FY, see Figure 6. Training in quality assurance (infection prevention and quality improvement) also decreased in comparison to FY10/11, when Uganda carried out an unusually high number of infection prevention trainings.



Other Activities

In FY11/12, the Societe Internationale d'Urologie (SIU) published *Obstetric Fistula in the Developing World*, which summarized the results of an international consultation on obstetric fistula that took place in Marrakech, Morocco in October 2010. Dr. Joseph Ruminjo, Clinical Director for the project, participated in that consultation and he and Dr. Adamu Isah (Fistula Care Deputy Country Manager in Nigeria) contributed to the chapter on "Unmet Needs in Fistula Management and Training."

[33] Two surgeons received both first training and continuing training during the FY and are each only counted once in the FY total.
[34] At AWC, the same core group of ten midwives and sixteen nurses receive multiple on the job trainings. They are therefore counted as a "group" of 26 people, and not recounted repeatedly for each training when calculating totals.
[35] The FY total does not equal the sum of all category totals because of the need to eliminate double counting of surgeons receiving multiple trainings as well as trainees from AWC in Sierra Leone who attend multiple trainings.

RESULT 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

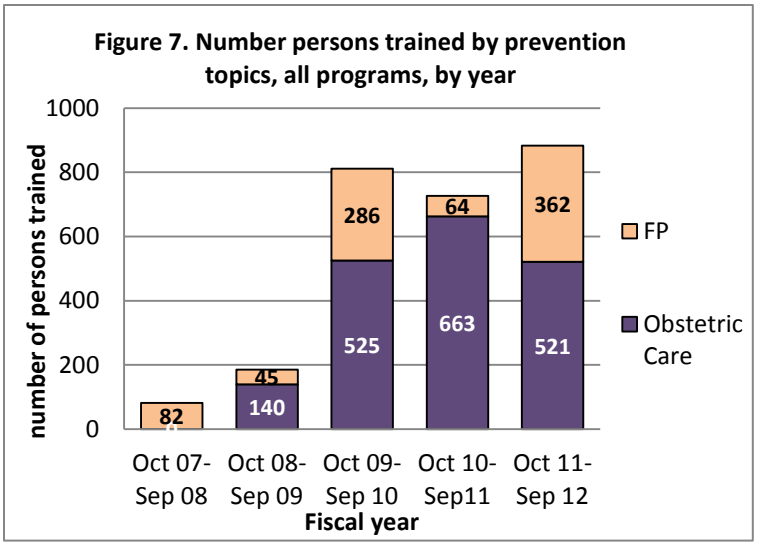
Prevention Supported Sites

During FY11/12 USAID funds support 45 prevention only sites in six countries (Ethiopia, Guinea, Mali, Niger, Nigeria, and Uganda; includes one site supported by USAID/Ethiopia); 19 of these sites are in Nigeria for support of family planning services at the request of the USAID/Nigeria mission.

Training in Prevention Services

Bangladesh, the DRC, Niger, Nigeria, Sierra Leone and Uganda programs conducted training in prevention related topics during the fourth quarter. Training topics included family planning (Bangladesh, the DRC, and Nigeria) and obstetric care (the DRC, Nigeria, Sierra Leone and Uganda). In addition, trainings for screening and advocacy were carried out in Ethiopia and Bangladesh. In total during FY11/12 883 trained in fistula prevention.

Fistula Prevention. Strengthening fistula prevention services is essential to addressing the occurrence of fistula. Fistula Care focuses on four key prevention measures: family planning, consistent and correct use of the partograph, immediate catheterization for women who experience obstructed labor, and strengthening cesarean delivery services. During FY11/12, eight countries conducted training in prevention related activities including FP counseling, FP methods provision, OC management and community outreach (see Table 9 under Result 1). The number of persons attending training in prevention topics has increased each year; see Figure 7. This year the number of persons trained in obstetric care (emergency obstetric care, partograph, cesareans, AMSTL) decreased, while FP training increased dramatically compared to the previous FY (when numbers had been unusually low due to a shift in training focus in Nigeria and Uganda). One major reason for the decrease in obstetric care training was the absence of activity in Mali, where a significant focus had been on EmOC training in the past



Family Planning

Integration of Family Planning. Fistula Care's strategy to effectively integrate family planning into fistula services continued during year five. The objectives of this strategy are to enable women and couples to delay first births to help prevent fistula and enable women and couples to achieve a successful pregnancy post-repair by allowing the woman time to heal. We have developed three key messages for post-repair women who have signs of fertility:

- FP benefits the woman's body and her baby's health; it delays pregnancy until the woman is completely healed and prepared to have a hospital birth (cesarean) to prevent repeat fistula.
- FP can help the woman/couple achieve a desired pregnancy using Standard Days Method (SDM) or delay/prevent an unintended pregnancy using any preferred method of FP, including SDM.
- For future healthy pregnancy outcomes, FP can help prevent HIV and STI (by promoting safer sex practices including use of condoms when the woman/couple resumes sexual activity after healing).

During FY11/12 Ms. Betty Farrell, Senior Medical Associate for integration and other FC staff continued providing direct and indirect FP-integration support to the country programs. Specifics of the FP-integrated component of fistula services conducted this year included:

- **DRC.** During the second quarter Dr. Isaac Achwal and in country project coordinator Dr. Dr. Michel Mpunga oriented 75 staff from three sites to current FP knowledge and recommended practices and the rationale and steps to integrate FP with FC services. Learning needs assessments indicated staff need for more competency-based trainings to ensure that the integrated FP component is of good quality. FC-supported facilities are keenly interested in strengthening the FP component of care.

- **Guinea.** During this FY, the Guinea team conducted refresher activities for 35 village committee members to reinforce FP messages; provided supplies and materials for FP counseling; and provided skills-strengthening coaching and updated six providers on Contraceptive Technology during clinical monitoring visits at Kissidougou, Labe, Ignace Deen. Twenty village committee members in Labe and 40 in Kissidougou were trained in FP for community-based distribution of condoms and pills. Six service providers were trained in Kissidougou and Ignace Deen in insertion and removal skills for implants and insertion of PPIUD (conducted by MCHIP/JHPIEGO).

- **Mali.** In October 2011 Fistula Care staff conducted an orientation on the EngenderHealth/Fistula Care integration model for selected government, NGO, and donor representatives (stakeholders' group). FP integration plans were developed for five facilities, including Gao Hospital. Gao Hospital had integrated FP counseling and method provision as part of the repair service package, including oral contraceptives, condoms, injectable hormones, and implants. In March 2012 there was a coup d'état which brought all work to a halt.

- **Nigeria.** Throughout FY11/12 Ms. Farrell provided ongoing distance technical assistance to the country-based RH Advisor. Materials for training in FP were updated.

During this FY USAID/Nigeria requested the project continue supporting FP services at prevention-only sites as well as at the treatment sites. During training, post-training follow-up and service site monitoring FC Nigeria staff found that providers are practicing to standard, clinics are stocked with FP commodities, and data forms being correctly completed. Additional activities included the following:

Fistula Care Nigeria staff assessed 13 prevention-only facilities in the states of Kebbi, Zamfara and Ebonyi. During these assessments providers were given orientation on the integration of fistula prevention messages into family planning service provision during patient visits. The assessment team observed that providers needed FP counseling training as well as Contraceptive Technology Updates to enhance the quality of their family planning counseling sessions. FP counseling training was conducted for 12 service providers (nurses, midwives and community health extension workers) in 6 supported family planning-only clinics in Kano State reinforcing the integration of fistula prevention messages into family planning counseling/services and vice-versa. The Nigeria team conducted two 10-day workshops (one in Kwara state, one in Cross River state) for a total of 20 nurses/midwives on Long-Acting and Permanent Methods (LAPM). The clinical practicum provided skills-building in both implant and IUD insertion.

- **Rwanda**. Fistula Care country staff conducted FP training with a focus on integration for 20 nurses from Centre Hospitale Universitaire de Kigali (CHUK) and 35 from Rwanda Military Hospital (RMH), Masaka district hospital, and Kicukiro health centers. Previously, patients receiving fistula repair surgery were counseled about use of contraceptives but methods were supplied elsewhere by health centers providers; now the fistula treatment facilities should be able to provide methods to women who want them.

- **Uganda**. Ms. Farrell conducted a teleconference orientation for three new staff to the EH FP-integration approach. In August 2012 Uganda staff conducted a three-day refresher training on Fertility Awareness Methods (FAM) for 10 staff from different departments at Kitovu Hospital. While the focus was on FAM, the training updated health personnel on counseling for all methods of family planning and covered integration of FP into the existing services provided in their respective service areas of the hospital. Moon-beads and IEC materials were distributed to participants upon completion of training. Lastly, a joint visit was undertaken by FC/Uganda, MOH/RH Division representatives, and FHI360 to Busia district to observe CBD/FP provision of FP counseling, provision of condoms, pills, injectable, as well as HIV counseling and testing in clients' homes. The

FP Training at Kitovu, Uganda

visit offered an opportunity to see in action the potential opportunities for FP-integrated FC activities at the community level.

Family Planning/Fistula Integration Evaluation. This evaluation activity aims at documenting the process, output and outcome of the family planning/fistula integration initiative. During FY11/12 we developed an evaluation protocol to assess the degree to which integration of FP counseling and methods into fistula repair services supports clients' reproductive needs and choices, and facilitates their implementation of healthy post-repair practices after discharge. We hired Cultural Practice LLC (Ms. Deb Caro) to lead this evaluation. During this FY she reviewed reports and prepared data collection tools for an in-depth review of the Nigeria's program efforts on integration; this country case study will be conducted in the first quarter of FY12/13. Ms. Caro will conduct key informant interviews with Fistula Care staff and partners in other countries where we have supported integration efforts. We expect to have the evaluation study completed by the third quarter of FY12/13.

Family Planning Counseling and Provision of Methods. In FY11/12 FC supported FP services (counseling and/or provision of methods) to 71 sites in ten countries; see Table 10. Just over one third of all sites reporting on FP services are located in Nigeria (n=26). All of the Fistula Care supported sites which provide fistula repair services also provide FP counseling; only two repair sites do not provide FP methods (Laure Fistula Center and Ningi in Nigeria; in Uganda, Kitovu provides standard days method beads and refers for other methods). As shown below, in FY11/12 FC supported facilities reported around 64,000 persons counseled for FP and 70,000 accepting a FP method; the number of persons getting FP this year is 55% greater than what was reported last year. Large increases were reported from all countries with the exception of Mali. In Nigeria the large increase is a result of more sites reporting for the full year. Details about methods dispensed by site are included in the country reports below.

Table 10 Number of Persons Counseled for Family Planning and Accepting a Method, by Country and Year, Fistula Care Supported Sites

	FY07/ 08	FY08/09	FY09/10	FY10/11	FY11/12	Total
Bangladesh						
Number of Supported Sites Reporting	3	3	4	4	4	4
Number Counseled for FP	5635	3,234	16,970	27,757	29,526	83,122
Number of FP acceptors	3722	2,959	16,970	18,893	23,824	66,368
DRC[36]						
Number of Supported Sites Reporting	NA	1	2	4	6	6
Number Counseled for FP	NA	1	2,954	9,667	11,543	24,165
Number of FP acceptors	NA	59	1,633	1,594	6,325	9,611
Ethiopia[37]						
Number of Supported Sites Reporting	NA	3	3	4	4	4
Number Counseled for FP	NA	101	156	172	170	599
Number of FP acceptors	NA	NA	NA	NA	NA	NA
Guinea						
Number of Supported Sites Reporting	2	7[38]	9	9	9	9
Number Counseled for FP	147	1,175	3,458	4,357	3,924	13,061
Number of FP acceptors	214	912	1,967	2,449	3,109	8,651
Liberia/Mercy Ships						
Number of Supported Sites Reporting	NS	1	NS	NS	NS	1
Number Counseled for FP	NS	7	NS	NS	NS	7
Number of FP acceptors	NS	103	NS	NS	NS	103
Mali						
Number of Supported Sites Reporting	NS	1	1	1	1	1
Number Counseled for FP	NS	444	220	197	58	919
Number of FP acceptors	NS	2,054	220	134	51	2,459
Niger						
Number of Supported Sites Reporting	4	4	4	6	5	6
Number Counseled for FP	2,998	3,115	3,083	5,774	NA	NA
Number of FP acceptors	1,952	3,546	3,080	4,986	6,768	20,332

[36] In FY 09/10 in DRC one site did not report on numbers counseled.

[37] Pre Repair centers in Ethiopia do not provide FP. They counsel and refer fistula patients for FP to the nearby health center. In FY 07/08 no data reported; FY 08/09 data were reported for three quarters. Hamlin Fistula Hospitals do not report on FP services.

[38] In FY 08/09 one site in Guinea did not report on counseling.

	FY07/ 08	FY08/09	FY09/10	FY10/11	FY11/12	Total
Nigeria[39]						
Number of Supported Sites Reporting	5	9	28	28[40]	26	28
Number counseled for FP	8,165	11,959	13,269	10,646	18,231	62,270
Number FP acceptors	NA	NA	10,249	7,752	15,390	33,391
Rwanda						
Number of Supported Sites Reporting	2	2	3	3	3	3
Number counseled for FP[41]	NA	2	NA	1,173	NA	NA
Number FP acceptor	131	180	1,183	1,173	3,075	5,742
Sierra Leone[42]						
Number of Supported Sites Reporting	1	1	1	1	1	1
Number Counseled for FP	25	130	51	406	712	1,324
Number of FP acceptors	6	47	27	404	668	1,152
Uganda						
Number of Supported Sites Reporting	2	2	9	11	12	12
Number Counseled for FP	379	805	1,017	7,817	NA	NA
Number of FP acceptors	89	267	4,209	7,791	10,840	23,196
Total All Countries						
Number sites reporting FP services	19	34	64	71	71	72
Number Counseled for FP	17,349	20,973	42,361	67,970	64,164	185,467
Number of FP acceptors	6,114	10,128	38,818	45,180	70,050	171,005

NA: not available; NS: not supported.

[39] Nigeria did not report on number of acceptors of methods in FY 07/08 and FY 08/09.

[40] In FY10/11 21 of the supported sites were dropped in March 2011 and did not report any services for the last two quarters. Support to most of these sites was reinstated in FY11/12.

[41] In Rwanda the site record keeping systems are not set up to report on number counseled.

[42] Between September 2008 and January 2010 Marie Stopes provided these services at the center. The center now has trained staff and supplies to provide FP services.

Partograph

Partograph Monitoring. The partograph is a labor monitoring tool that, if used consistently and correctly, alerts health care providers of the need to intervene (or refer) in an emergency. The partograph can also facilitate clear communication between staff and serve as a checklist of all the elements for labor monitoring. The Fistula Care project, with its aim of reducing fistula, supports key interventions to prevent obstructed labor, the primary cause of obstetric fistula. Strengthening partograph use in facilities at different levels of the health systems is one of these key prevention interventions.

In FY 09/10 the Fistula Care team developed a tool to monitor use of the partograph at supported sites. After the first round of assessments, the partograph monitoring tool was revised to reflect user feedback and suggestions. The monitoring tool is intended to be used annually to review partograph use at supported sites and to provide data on which programmatic interventions could improve partograph use and the quality of labor and delivery services. In FY 09/10 we reported on results of monitoring from 24 sites in five countries (Bangladesh, Guinea, Mali, Rwanda, Uganda). In FY 10/11, our work on partograph strengthening was implemented more widely and partograph monitoring was conducted at 35 sites in eight countries (Bangladesh, DRC, Guinea, Mali, Niger[43], Nigeria, Rwanda and Uganda).

In FY11/12 we conducted annual monitoring at 19 sites in seven countries (Bangladesh, DRC, Guinea, Niger, Nigeria, Rwanda and Uganda); during this FY no monitoring was conducted in Mali. The number of sites included in the report is substantially lower than last year as we did not include Niger's partograph monitoring data from health centers whose staff had benefitted from partograph training, given that these sites are not considered formally supported by the project. The results of the FY11/12 annual monitoring exercise are shown below in Table 11 as well as key findings from the previous two fiscal years for comparison purposes.

- ***Number of files examined***. According to the protocol, the number of files examined was dependent on the number of the deliveries in the facility. Busy hospitals, with more than 25 deliveries in the review period (60 days prior to the review) randomly selected 25 cases. Some health centers with fewer than 25 deliveries consulted all files for all deliveries in the review period and had lower sample sizes, while others sampled up to 30 cases.
- ***Number of partographs found.*** Of the 483 files examined, 408 (84%) included a partograph. At 11 facilities, partographs were found in 100% of the files reviewed. At the two Nigerian sites, only 3 partographs were found in 25 patient files at Faridat General Hospital and none at the 25 reviewed from Sokoto Hospital. No explanation was provided for these omissions. A few sites reported partograph stock-outs over the previous 12 months.

[43] The FY 10/11 monitoring in Niger included results from nine sites which are not formally supported by FC but where REF had conducted outreach to strengthen partograph use in the district referral facilities.

Table 11. Summary of Partograph Use Review Results by Country and Facility and FY[44]

	FY09/10		FY 10/11[45]		FY 11/12				
Country/Facility	**% Records sampled that had a partograph**	**% of found partographs correctly completed**	**% Records sampled that had a partograph**	**% of found partographs correctly completed**	**Number patient records sampled**	**Number of partographs found**	**Number partographs 100% correctly**	**% of found partographs correctly completed**	**Number partographs incorrectly completed[46]**
Bangladesh									
LAMB Hospital	100%	20%	100%	68%	25	25	21	84%	4
Ad-din Hospital, Dhaka	100%	2%	100%	36%	25	25	24	96%	1
Ad-din Hospital, Jessore	76%	5%	92%	43%	25	25	9	36%	16
Kumudini Hospital	40%	10%	80%	65%	25	12	8	67%	4
DRC									
HEAL-Africa	NA	-	NA	-	24	24	0	0%	24
HGR Panzi	NA	-	NA	-	25	19	0	0%	19
HBMM	NA	-	52%	NR	NA	-	-	-	-
St. Joseph's Hospital	NA	-	100%	NR	NA	-	-	-	-
Guinea									
Jean Paul II	NA	-	44%	55%	25	25	6	24%	19
Kissidougou	NA	-	32%	13%	30	30	15	50%	15
Labe	0%	-	100%	23%	30	30	8	27%	22
Ignace Deen	NA	-	100%	0%	NA	-	-	-	-
N Zerekoke	NA	-	72%	17%	NA	-	-	-	-
Faranah	NA	-	56%	0%	NA	-	-	-	-
Jean Paul II	NA	-	44%	55%	NA	-	-	-	-
Mamou	NA	-	100%	0%	NA	-	-	-	-
Boke	NA	-	100%	4%	NA	-	-	-	-
Kindia	NA	-	100%	13%	NA	-	-	-	-
Mali									
Gao Hospital	60%	53%	100%	93%	NA	-	-	-	-
CS Ref Gao	93%	71%	NA	-	NA	-	-	-	-
CS Ref Ansongo	66%	63%	NA	-	NA	-	-	-	-
CS Ref Menaka	17%	50%	NA	-	NA	-	-	-	-
CS Ref Bourem	78%	72%	NA	-	NA	-	-	-	-
Niger									

[44] NA=not applicable, partograph monitoring not conducted.

[45] Data which was reported from the 9 health facilities in Niger which are not officially supported FC sites have been excluded from this presentation/analysis.

	FY09/10		FY 10/11[45]		FY 11/12				
Country/Facility	**% Records sampled that had a partograph**	**% of found partographs correctly completed**	**% Records sampled that had a partograph**	**% of found partographs correctly completed**	**Number patient records sampled**	**Number of partographs found**	**Number partographs 100% correctly**	**% of found partographs correctly completed**	**Number partographs incorrectly completed[46]**
Maradi Hospital	NA	-	100%	15%	NA	-	-	-	-
Tahoua Hospital	NA	_	100%	33%	NA	-	-	-	-
Tera Hospital	NA	_	100%	0%	25	24	3	13%	21
Nigeria									
Faridat General Hospital	NA	-	0%	0%	25	3	0	0%	3
Sokoto	NA	-	0%	0%	25	0	0	0%	0
Rwanda									
Kanombe Hospital	86%	<1%	100%	56%	NA	-	-	-	-
Ruhengeri Hospital	100%	83%	100%	79%	24	24	19	79%	5
Uganda									
Kitovu Hospital	23%	17%	100%	52%	25	25	0	0%	25
Kagando Hospital	81%	<1%	NA	-	25	24	3	13%	21
Bwera Hospital	95%	0%	95%	0%	25	25	0	0%	25
Hoima Hospital	NA	-	NA	-	25	24	0	0%	24
Karambi III	100%	66%[47]	12%	0%	25	25	0	0%	25
Kalungu Hospital	26%	0%	NA	-	25	19	0	0%	19
Nyanbugando Health Center III	93%	0%	NA	_	NA	-	-	-	-
Masaka Regional Hospital	28%	0%	NA	_	NA	-	-	-	-
Kalungu Health Center III	26%	0%	NA	_	NA	-	-	-	-
Kiyumba Health Center IV	0%	-	NA	_	NA	-	-	-	-
Kasambya Health Center III	0%	-	NA	_	NA	-	-	-	-
Lwengo Health Center	100%	55%	NA	_	NA	-	-	-	-
Rwesande HCIV	85%	0%	NA	_	NA	-	-	-	-
Kasese Town Counsel	100%	0%	NA	_	NA	-	-	-	-
TOTAL	**63%**	**36%**	**79%**	**30%**	**483**	**408 (84%)**	**116**	**28%**	**292**

[47] In FY 09/10 only 3 records sampled; 2 completed correctly.

- ***Number of partographs 100% correctly filled*.** Where partographs were found, only 28% were 100% correctly filled; a slight decrease from FY10/11 (30%) and FY09/10 (36%).
- ***Number of partographs partially or incorrectly filled.*** Of the 408 partographs found, 72% were partially or incorrectly filled. In FY10/11 the rate was 76% and in FY09/10 it was 61%.

Although the partograph monitoring tool was introduced in FY09/10, in some cases data was collected prior to any training or intervention taking place. Comparison of overall rates from year to year is complicated by the reality that different sites were included in each annual review. Niger in particular has reviewed partograph use primarily for programmatic rather than evaluation purposes, including nine hospitals in FY10/11 that refer obstetric patients to FC supported tertiary facilities, and health centers and district hospitals; in FY11/12 a group of other sites were assessed and have been excluded from this annual review. If we exclude Niger's additional site data in FY10/11 as we have for FY11/12, the overall 100% completion rate for FY10/11 is 30%. While we are happy to see country programs reviewing partograph completion where they have either intervened or identified issues, the variation in sites where this data has been collected makes overall year-to-year comparisons challenging. It could explain the apparent decline in 100% correct partograph completion since the partograph monitoring tool and review were introduced. Our analysis of trends needs to focus on sites, instead of overall summary rates.

There are encouraging results in a few sites. The four sites in Bangladesh have shown marked improvement since FY09/10. In Guinea, Labe and Kissidougou have shown improvements with two years of data while at Jean Paul II, there was decline this year.

At many sites, even where partographs were not 100% correct, most of the elements had been filled out and were only marginally incorrect. Common omissions noted were recording of maternal pulse, blood pressure, management of the third stage of labor, birth outcomes and neonatal condition. Of note is the fact that different versions of the partograph are in use across countries and sites and this may well influence how and what information is recorded. These findings are being used during clinical monitoring and supervision visits to help improve performance.

As part of the partograph review process, questions are asked about levels of staff training in partograph use and supervision on site. Responses indicate that there are usually one or two providers at each site who have received some sort of training, but regular supervision is lacking.

It is clear from the results of all sites monitored that women frequently come to the facility in an advanced stage of labor. For example, at Ad-din Hospital in Dhaka, 23 of the 25 records reviewed indicated that delivery had taken place within 4 hours of arrival. At another site in Guinea, of the 25 records reviewed, 10 women had arrived in the second stage of labor. These results illustrate the challenges to correct partograph completion, especially when combined with the high volume of births, chronic staff shortages and frequent turnover that are the norm at many of the sites monitored.

While correct completion of the partograph is obviously an important component of labor management, it should be acknowledged that this is not necessarily an indicator of its effective

use as a decision-making tool. For example, a significant number of files indicated that although the partograph had been correctly completed, the action line had been crossed without any evidence that appropriate emergency action had been taken (or any information about the outcome).

There is a need for ongoing evaluation and modification of the partograph monitoring tool to make it more easily understood by providers in order to improve the accuracy of data collection. FY11/12 findings provide data on a larger pool of sites than FY 10/11, and continue to help identify where some of the needs are in terms of strengthening labor monitoring. These results will continue to help refine programming support.

Promoting the Use of the Catheter to Prevent or Treat Fistula Associated with Prolonged or Obstructed Labor

Immediate catheterization can be used both as prophylaxis and as primary or principle treatment. In the case of prophylactic use, it may require a period of 7-14 days in-hospital stay. For primary treatment, it may require 3-4 weeks in-hospital stay. Training is required to effectively recognize the type of fistula that would respond to this kind of treatment. FC has begun to include this intervention as a part of a package of EmOC training in Rwanda and Uganda. The project promoted its inclusion in recommendations for strategies at the national level in both Nigeria and the DR Congo and has been in discussions with WAHA about the development of such guidelines. Because of delays in determining how best to collaborate with WAHA, during FY12/13 we will conduct a workshop with partners in Nigeria to develop standards and guidelines that could eventually be adapted by other country programs

Cesarean Delivery

Strengthening Cesarean Delivery Services.

Lack of access to cesarean section when obstructed labor is experienced often results in an obstetric fistula. In addition, approximately 10-15% of fistula cases are estimated to be iatrogenic, although it is not known what percentage of that number are related to cesarean deliveries or to other medical interventions. Fistula Care works with sites who have expressed interest in either (a) increasing access to quality cesarean sections or (b) addressing poor cesarean performance to reduce the number of fistula cases. In FY11/12, a total of 469 persons in six countries attended training related to obstetric services, which included issues around cesarean section; see Table 9 (Result 1).

Deliveries and Cesarean Sections: During FY11/12, 44 FC supported sites which provide delivery services reported on the number of deliveries, including cesareans. Overall, these centers reported over 88,000 deliveries. As shown in Table 12 the proportion of deliveries which were by cesarean ranged from 1-6% at hospitals in Nigeria to 50% and higher at sites in Bangladesh (n=3), Niger (n=1) and Rwanda (n=2). Many of the institutional rates may be considered high because the facility is a tertiary hospital that may be the only facility in a region/district that can provide cesarean sections.

Table 12. Number of Deliveries and Percent Cesarean, Selected Fistula Care Supported Sites, by Country and FY[48]

Country, site	FY 09-10		FY 10-11		FY 11-12	
	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries
Bangladesh						
Ad-Din Dhaka	8,580	67%	9,381	53%	9,158	65%
Ad-Din Jessore	3,189	61%	3,370	52%	3,704	59%
Kumudini	1,779	44%	2,240	37%	2,327	52%
LAMB	3,457	24%	3,614	19%	3,817	18%
DR Congo						
Imagerie Des Grands-Lacs	NS	NS	94	13%	344	8%
HEAL Africa Hospital	1,042	13%	1,262	13%	1,440	13%
Maternite Sans Risque Kindu	NS	NS	458	8%	1,348	10%
Mutombo	NS	NS	151	23%	338	33%
Panzi Hospital	1,822	24%	2,769	23%	3,821	24%
St. Joseph	NS	NS	844	42%	3,485	40%
Ethiopia[49]						
Adet Health Center	244	0	325	0	440	0%
Dangla EmOC Center	303	0	569	15%	836	0%
Sekota Hospital	NS	NS	392	0	551	0%
Woreta Health Center	332	0	421	0	581	0%
Guinea						
Boke	1,448	25%	1,418	19%	669	18%
Faranah	600	26%	832	19%	962	16%
Ignace Deen	3,570	35%	3,598	29%	3,423	28%
Jean Paul II	494	13%	769	10%	899	12%
Kindia	1,175	28%	1,834	23%	2,788	23%
Kissidougou	800	51%	1,325	31%	1,361	28%
Labe	885	32%	1,143	30%	1,517	26%
Mamou	1,268	33%	1,672	24%	2,224	26%
NZerekore	996	42%	1,367	41%	669	18%
Mali						
Gao	1,177	22%	1,277	18%	336	17%
Niger						
Dosso	1,967	16%	2,064	22%	1,188	24%
Issaka Gazobi	4,397	66%	5,290	57%	6,192	60%
Maradi	2,134	45%	1,756	60%	2,281	55%
Tahoua	NS	NS	4,106	5%	5,280	7%
Tera District Hospital	NS	NS	836	11%	1,057	11%
Nigeria						
Argungu GH (Kebbi)	331	6%	NA	NA	467	1%
Faridat Yakubu GHl (Zamfara)	745	22%	1,219	9%	680	8%
Jega GH (Sokoto)	286	8%	NA	NA	NA	NA
General Hospital	36	11%	NA	NA	NA	NA

[48] FY 09/10 updated to include data from Ethiopia.

[49]Data on deliveries performed at centers where the pre repair units are located Dangla Health Center opened an emergency obstetric unit which in September 2010. Two cesareans were performed in September 2010.

Country, site	FY 09-10		FY 10-11		FY 11-12	
	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries
Dogon Daji (Sokoto)						
Kamba General Hospital (Kebbi)	212	7%	191	7%	NA	NA
Maiyama General Hospital (Kebbi)	277	6%	116	3%	281	6%
Maryam Abacha Women's and Children's Hospital (Sokoto)	462	9%	979	4%	882	4%
Sobi Hospital (Kwara)	NS	NS	NS	NS	443	13%
Rwanda						
CHUK	1,974	49%	2,078	52%	2,190	51%
Kanombe	3,158	32%	3,383	35%	854	50%
Ruhengeri	4,713	24%	5,468	24%	5,558	29%
Sierra Leone						
Aberdeen	217	16%	1,078	18%	1,118	17%
Uganda						
Bwera Hospital - Kasese	NS	NS	810	13%	2,171	18%
Hoima	NS	NS	NS	NS	2,497	25%
Kagando / Bwera	3,455	36%	3,348	28%	1,913	32%
Kitovu / Masaka	2,284	38%	1,986	38%	1,996	40%
Kiwangala HC IV – Masaka	NS	NS	57	0%	87	11%
Kiyumba HC IV - Masaka	NS	NS	59	0%	NS	NS
Masaka Regional Referral Hospital	NS	NS	3,473	20%	3,503	26%
Rwesande HC IV – Kasese	NS	NS	159	8%	NS	NS
Total all sites	**58,930**	**40%**	**79,581**	**33%**	**88,638**	**33%**

NS=not supported . NA=not available

Engaging Communities in Fistula Prevention

EngenderHealth defines community engagement as "a capacity-building process that supports community partners in exploring problems and concerns affecting their well-being; identifying priorities; and developing, implementing, and evaluating activities to address these concerns." In recognition of the complex array of both health systems and community-level determinants of maternal mortality and morbidity, the Fistula Care project has been working during the past two years to strengthen the engagement of communities in fistula prevention and to improve documentation of these efforts. Guided and supported by EngenderHealth's Senior Technical Advisor for Community Engagement, Ellen Brazier, key activities carried out during the past year include:

- **Evaluating community-level fistula prevention efforts in Guinea**. In 2011, Fistula Care undertook an in-depth evaluation of the community-level fistula prevention efforts that have been underway in Kissidougou and Labé as part of the larger Guinea program

evaluation (see Result 3). The purpose of the evaluation was to explore whether the establishment and support of the Village Safe Motherhood Committees (VSMC) in the intervention areas had led to measurable outputs in terms of enhanced community capacities and social capital related to maternal health, as well as whether enhanced community capacity and social capital were associated with outcomes, such as fistula prevention knowledge, birth preparedness and maternity care-seeking at the population level. Preliminary findings from the study have been used to strengthen ongoing community-level fistula prevention in Guinea and other project countries (see below). A final report and study results will be disseminated in late 2012.

- **Supporting and building the capacity of community safe motherhood committees in Guinea**. Guided by preliminary findings from the 2011 Guinea community evaluation, a set of tools were developed and piloted in the training of newly-established Village Safe Motherhood Committees in Boké, Guinea. The tools include a counseling card on birth preparedness, an updated flipchart on fistula prevention, and a refined set of tools for pregnancy monitoring through household visits. A detailed training manual was developed, and a training of trainers (TOT) was conducted for staff Fistula Care's Boké-based partner, CEFACAM, in March 2012. CEFACAM trainers subsequently conducted a series of five-day training sessions for new committees established in Boké and Kamsar, which are located around one of our prevention sites.

- **Strengthening community-level pregnancy monitoring in Niger.** In 2009, with support from Fistula Care's partner, the Network for the Eradication of Fistula (REF), launched community-level fistula prevention activities in the catchment areas of six Integrated Health Centers (CSIs) in Maradi and Dosso regions. The project supported the establishment of 30 village-level health committees, each comprised of five members, who conduct home visits and community-level awareness-raising sessions to try to identify and refer women with fistula and to promote maternal health care-seeking among pregnant women. In early 2012, the committees' activities were reviewed, and, as the committees had found that they were no longer able to identify fistula cases in their communities, it was agreed that the focus of their activities should shift from case identification to fistula prevention through pregnancy monitoring at the household level. A set of new tools was developed and introduced to enable the committees to promote and monitor maternity care-seeking in their communities. Drawing on training tools developed in Guinea (see above), Fistula Care plans to expand support to community committees in Niger, specifically to Boboye in the Dosso Region, where data collected through the cesarean record review study showed that rates of uterine rupture were unusually high.

- **Strengthening the skills and involvement of village health teams in Uganda.** In July 2011, Ellen Brazier worked with Uganda Fistula Care to develop a strategy for engaging Village Health Teams (VHTs) and other community-level stakeholders in fistula prevention and maternal health promotion. The strategy focuses on two main activities, which will be implemented in FY12/13 at one of the FC prevention sites, Karambi Health Center in Kasese District:

- Hosting a "site walk-through" (i.e. a guided tour of the health facility) for influential community leaders in the catchment area of the health center to showcase the services available and to engage them in a discussion about service delivery data and in addressing community-level factors that contribute to low utilization of maternal health services.
- Building the capacity of VHTs in the catchment area of the health center. Recently established by the Ministry of Health, the VHTs are responsible for monitoring maternal and newborn health in their respective communities. However, they do not have tools or training to undertake these tasks. Drawing on tools and curricula developed in Guinea and Niger, the FC Uganda team developed a training package, which will be rolled out in October 2012 for members of the 15 VHTs serving Karambi HC. We will monitor the progress of this activity and report on progress in FY12/13.

RESULT 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services

Ongoing Research

Randomized Clinical Trial: Non-inferiority of short-term catheterization following fistula repair surgery. Fistula Care and the World Health Organization (WHO) continue to collaborate to implement the study which aims to examine whether short-term (seven day) urethral catheterization is not inferior to longer-term (14 day) urethral catheterization in terms of incidence of fistula repair breakdown. The study is being implemented at eight sites in the DRC, Ethiopia, Guinea, Kenya, Niger, Nigeria, Sierra Leone and Uganda. As of September 30, 2012 a total of 598 women have been screened, 245 randomized and 177 completed the three month follow up; see Table 13. Overall, we have currently randomized nearly 50% of the planned total sample size. Follow-up is excellent at all of the study sites.

Table 13. Number women screen, randomized and completed follow up by study site, through September 2012

Site/Country	Through September 2012			Percent of total recruitment to date (# randomized/ 64 - sample size at site)
	# screened	# randomized	# completed follow-up	
St. Joseph's DRC	60	29	15	46.0%
Gondar, Ethiopia	34	12	9	19.0%
Kissidougou Guinea	112	37	30	58.7%
Kenyatta, Kenya	68	26	20	41.3%
Zinder, Niger	82	29	18	46.0%
Ebonyi, Nigeria	101	27	12	42.9%
Kagando, Uganda	42	20	15	31.7%
AWC, Sierra Leone	99	65	58	103.2%
Totals	598	245	177	48.6%

Recruitment is slower than anticipated in our original timeline. It has been slow or erratic at three sites (DRC, Ethiopia and Uganda). Most troubling is the site in Ethiopia, where only 16% of the expected recruitment has occurred as of the end of September 2012. The remaining sites have all recruited at least 30% of their expected number. The site in Sierra Leone completed recruitment in July. September was a particularly poor month with 5 of the 7 sites that are still actively recruiting having no women enter into the study (Ethiopia, Guinea, Kenya, Niger, and Uganda). The reasons for low recruitment vary and we have been working with Fistula Care country teams and the study sites to identify and resolve issues regarding any problems with provision of fistula services at the sites where recruitment is low. Women and Health Alliance International (WAHA) is partnering with us on the study by supporting fistula repair services in Ethiopia.

In September 2012, Dr. Steve Arrowsmith (consultant and co-investigator) and Dr. Mark Barone, the study principal investigator (PI) visited the study site in Nigeria. The two study regional coordinators/monitors, Dr. Alex Delamou, based in Conakry (supporting sites in Guinea, DRC, Niger and Sierra Leone) and Ms. Lilian Were, based in Nairobi (supporting sites in Kenya,

Nigeria, Ethiopia and Uganda) traveled to each of the study sites at least once in the last quarter to monitor the study. Following each interim monitoring visit to the sites, the study monitors ship the completed and reviewed case report forms to WHO in Geneva for data entry. Double data entry is ongoing and data queries are sent routinely by Geneva data management staff to the study sites for resolution. We are on track with all of the data management aspects of the study.

During the July-September reporting period applications for renewal of ethical approval (along with a study progress report) were submitted to all institutional review boards (IRB) as required. Approval to continue the study has been received from the WHO Research Ethics Review Committee and IRBs in Nigeria and Kenya. We are awaiting responses from the IRBs in Guinea, Niger, Sierra Leone, and Uganda. No renewal is needed in Ethiopia or the DRC.

WHO's Ethical Review Committee approved a revision of the study protocol. The study's Data Safety and Monitoring Board (DSMB) requested that we make some minor changes to the protocol in order to improve some of the wording, clarify the discussion of sample size and statistical power, remove details of two study sites that in the end did not participate in the study for logistical reasons, and revise the analyses section to include a planned superiority analysis of the data if we demonstrate non-inferiority of short term catheterization. The revised protocol was sent to all local IRBs, along with a letter detailing the changes made. It was communicated that none of the changes to the protocol affect the informed consent form, alter how the trial is being conducted at the study sites, or impacts in any way on the treatment of study participants.

Plans are underway for the mid-term investigators' meeting which will be held in Geneva, Switzerland at WHO on December 4-5, 2012. The DSMB will meet in February 2013 to review the interim analysis of data.

The study design has been disseminated through a peer review publication: Barone, M. et al. Study protocol : Non-inferiority of short-term urethral catheterization following fistula repair surgery: study protocol for a randomized controlled trial. *BMC Women's Health* 2012, 12:5. We also submitted an abstract to the International Society of Obstetric Fistula Surgeons (ISOFS) Congress (Non-inferiority of short-term urethral catheterization following fistula repair surgery: study update) which was accepted for presentation at the meeting to be held in Dhaka, Bangladesh in November, 2012; Dr. Joseph Ruminjo (co-investigator) will make the presentation.

Community Screening Model for Fistula. In order to help fistula treatment centers, state and federal ministries of health reduce the backlog of women needing fistula repair, Fistula Care is conducting this study, with technical assistance from Stanton Hill Research LLC, to quantify the backlog of cases within two local government areas (LGAs) in Kebbi and Cross River States via community-based screenings. In addition the study will explore the feasibility of reporting minimum estimates of prevalence and incidence of fistula (at the individual district (LGA-local government authority) and if possible extrapolated to the state-level) and assess the questions in the Demographic Health Survey (DHS) fistula module by comparing women's self-reported fistula symptoms to results from the medical assessment. The community screening intervention model is based on the experiences of Ebonyi State, and is being implemented in partnership with state and community stakeholders. The community screening was completed in Kebbi in July

2012 and preparations for the Cross River screening is underway and expected to take place in November 2012. We prepared an abstract about this work for presentation at the ISOFS meeting; Dr. Adamu Isah, study co-investigator will make a presentation at the November meeting.

Evaluation of Family Planning Integration into Fistula Supported Centers. This evaluation of program efforts in family planning integrations will be completed in FY12/13. See Result 2 for an update about this activity.

Completed Research

Determinants of Post-Operative Outcomes in Fistula Repair Surgery. During this FY dissemination of the findings from this study included presentations and publications. As previously reported in the January-March and April-June quarterly reports, Fistula Care staff presented results to colleagues and maternal health stakeholders in February in Washington DC, Guinea, and Niger; in May in Uganda and in June in Bangladesh. During the fourth quarter the final country dissemination meeting was held in Nigeria.

On September 8, 2012 Fistula Care hosted a day-long dissemination meeting in the Nigeria Country Office in Abuja. Co-investigators from two of the three study sites in Nigeria, Dr. Abubakar Bello (Maryam Abacha VVF Center and Women and Children Hospital, Sokoto State) and Dr. Dantani Danladi (Specialist Fistula Centre, Birnin Kebbi, Kebbi State) joined Dr. Adamu Isah, deputy project manager in Nigeria, and study PI Dr. Mark Barone in making presentations about the study, the findings and implications of the research. Unfortunately, Dr. Sa'ad Idris, the lead co-investigator from the third site in Nigeria (Faridat Yakubu Hospital, Zamfara State) was unable to participate at the last minute; however, the other co-investigator from that site, Dr. Bashir Kanoma, was able to attend. The meeting was smaller than the dissemination meetings in the other countries and included about 15 participants from the Federal Ministry of Health, USAID/Abuja, UNFPA, representatives from the three study sites and well as other fistula repair facilities in the country, MSF staff, and several people from local NGOs working on fistula. The smaller size allowed for more in-depth discussion than at some of the other dissemination meetings. The participants spent much time discussing ideas for further research that they felt was necessary and that could lead to a better understanding of the fistula situation in the country, as well as improved prevention and treatment services. There was also discussion about the need to do some local dissemination activities in the three states where the study sites were located, as well as in some other fora nationally (e.g. national medical conferences, MOH meetings, etc.).

Three manuscripts from the study have now been published. One publication was mentioned in the January-March 2012 quarterly report.[50] In addition during this past quarter two other manuscripts were published:

- "Factors influencing choice of surgical route of repair of urinary fistula, and the influence of route of repair on surgical outcomes: findings from a prospective cohort study" was

[50] "Factors influencing fistula repair outcomes in developing country settings: a systematic review of the literature" was published in February 2012 in the *American Journal of Obstetrics and Gynecology*2012 Oct;207(4):248-58. doi: 10.1016/j.ajog.2012.02.006. Epub 2012 Feb 20.

published in August 2012 in the *British Journal of Obstetrics and Gynecology*. 2012 Sep;120(3):524-31.

- "Determinants of Fistula Repair Post-Operative Outcomes: A Prospective Cohort Study" was published in September 2012 in the journal *Obstetrics & Gynecology*. 2012 Sep; 120(3):524-31.

The status of the three remaining manuscripts is noted below:

- The manuscript "Development and comparison of prognostic scoring systems for surgical genitourinary fistula surgery closure" was submitted to the *American Journal of Obstetrics and Gynecology*. We are awaiting the reviewers' comments.
- The manuscript "Profiles and experiences of women undergoing genital fistula repair: findings from five countries" was sent to USAID and the co-investigators from the study sites for their review. Comments are expected back by the end of October. We expect to submit to Global Public Health in December 2012.
- The last manuscript, related to procedures and practices for fistula surgery, is currently being finalized in order to be sent to co-authors and USAID for review in early 2013. The target journal is *BMC Pregnancy and Childbirth*.

The abstract we submitted to the Société Internationale d'Urologie Congress (Clinical Procedures, Practices and Post-operative Outcomes in Surgical Repair of Female Genital Fistula: A Prospective Cohort Study) was accepted for presentation at the meeting to be held in Fukuoka, Japan in October, 2012.

During September 2012 we made preparations for presentations of study findings at the October 2012 FIGO Congress and Annual Meeting of the American Public Health Association.

A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries. During this quarter the final reports for study sites in Guinea (Kindia, Kissidougou), Mali (Gao) and Niger (Dosso, Maradi, Tahoua) were finalized and translated into French. During our management review meeting with USAID in July 2012 we presented the aggregate findings from the study and submitted a final report on these findings in September 2012. In FY 12/13 we will present the findings at the 2012 FIGO Congress and at the 2013 Global Maternal Health Conference and will begin working on a manuscript for publication.

Cost Study. We completed the cost study in Ethiopia of the pre repair units and shared the final report with USAID/Ethiopia. In addition we completed and submitted a final a summary report on this two country study: - *Estimating Costs to Provide Fistula Services in Nigeria and Ethiopia: Key Findings* (the Nigeria cost study was completed in FY10/11). The final report with recommendations about the use of the UNFPA tool will be shared with UNFPA in the next quarter.

Guinea Program Evaluation. In 2011 we conducted a two part in-depth evaluation of the Guinea program—of the supply side of program and of the community-level fistula prevention efforts. The supply side of the evaluation was carried out to determine the readiness of supported sites to provide fistula treatment and prevention care based on the support and inputs from

Fistula Care. The community piece of the evaluation was undertaken to explore whether the establishment and support of the Village Safe Motherhood Committees in the intervention areas had led to measurable outputs in terms of enhanced community capacities and social capital related to maternal health, as well as whether enhanced community capacity and social capital were associated with outcomes, such as fistula prevention knowledge, birth preparedness and maternity care-seeking at the population.

During this quarter we continued with the analysis and preparation of two reports (one for the supply side and one for community piece). The community report will be finalized in the next quarter and we expect the supply side report will be finalized by January 2013. We expect to able to develop at least two manuscripts for publication about the community work.

Other Monitoring, Evaluation and Research Activities

Supported Sites Routine Review of Data. Fistula Care program staff began continued to conduct data for decision making (DDM) workshops (using the *Data for Decision Making in Fistula Treatment Services* training guidelines) with supported sites during the FY to improve capacity to routinely review and discuss data. During FY11/12, 33 (85%) of the 35 FC supported treatment centers and four pre repair centers met at least once during the project year to review data (see Table 14 A total of 5 sites (13%) met at least once per quarter during the year, a slight decrease from last year. Data was not available from two DRC sites for the last quarter.

Reviewing Data, Uganda

Table 14 Number of Meetings held to review data by Country and Site, October 2011 – September 2012[51]

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Bangladesh					
Kumudini	1	1	1	0	3
LAMB	1	1	1	0	3
Ad-Din Dhaka Hospital	1	0	0	0	1
DR Congo					
HEAL Africa	0	0	0	0	0
IGL	0	0	0	0	0
MSRK	0	1	1	n/a	2
Mutomobo Hospital	0	1	1	n/a	2
Panzi	0	0	1	3	4
St. Joseph's Hospital	1	0	2	1	4
Ethiopia					
Adet HC (pre-repair site)	0	3	0	1	4
Dangla HC (pre-repair site)	2	4	0	1	7
Woreta HC (pre-repair site)	2	2	0	1	5
Sekota (pre-repair site)	0	0	0	1	1

[51] n/a indicates data is unavailable. NS indicates site not supported during this quarter.

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Guinea					
Jean Paul II	0	0	0	1	1
Kissidougou	0	0	0	0	0
Labé	0	0	0	0	0
Mali					
Gao	1	0	0	0	1
Niger					
Dosso	1	1	0	1	3
Lamordé	0	0	0	0	0
Maradi	1	1	1	0	3
Tahoua	1	1	1	0	3
Tera	1	1	1	0	3
Nigeria					
Babbar Ruga	1	0	0	1	2
Ebonyi Center	2	1	1	1	5
Faridat	1	0	1	1	3
Kebbi	1	1	1	1	4
Laure Fistula Center	1	1	1	1	4
Maryam Abacha	1	1	1	1	4
Ningi	1	1	0	0	2
Ogoja	0	1	1	1	3
Sobi	0	1	1	1	3
Rwanda					
CHUK	0	0	0	1	1
Kanombe	1	0	1	1	3
Kibogora	0	0	0	0	0
Ruhengeri	1	0	0	1	2
Sierra Leone					
Aberdeen	2	1	1	1	5
Uganda					
Hoima	1	0	1	0	2
Kagando	1	1	1	0	3
Kitovu	1	1	1	0	3
Total Number of Meetings	**28**	**27**	**22**	**22**	**99**
Total Number of Sites Reporting	**24**	**21**	**21**	**20**	**33**

RESULT 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs

Activities reported under this result include Fistula Care's work on policy related issues, international collaborative partnerships, raising the visibility of fistula and use of FC-produced products.

Country Policy and Advocacy

Summarized below are key achievements in policy and advocacy around fistula treatments and prevention by country.

Bangladesh. Fistula Care in Bangladesh serves as the secretariat for the National Task Force on Fistula. The National Strategy on Obstetric Fistula has been submitted to the Ministry of Health and Family Welfare by the Director (Primary Health Care), Directorate General of Health Services for approval. Once this is approved, UNFPA plans to print copies and Fistula Care will disseminate the plan throughout the country.

DRC. During the second quarter, Fistula Care, in collaboration with the Hopital General Reference de Panzi in Bukavu, hosted a meeting for 35 members of the Community of Practice (CoP). A key activity of this meeting was to discuss how to update the national obstetric fistula strategy. An outcome of the meeting was to form a pilot committee to advance the implementation of a National Strategy. Work on the national strategy will continue in FY12/13 at the next CoP meeting.

Guinea. The fifth annual National Fistula Day, organized to advocate for women living with fistula, was held in June 2012. An event was held in Conakry, sponsored by the Ministry of Social Affairs and Women Promotion and the Ministry of Health, with 200 persons attending, this event, including the spouse of the Minister of Communication, representing the First Lady, the US Ambassador, a representative of the USAID-Guinea Mission Director, the State Minister and Delegate Minister of Social Affairs and Women Promotion, the Minister of Health and Public Hygiene, representatives of Parliament, the United Nations, national and international NGOs, community leaders, the public and private media, as well as senior representatives from EngenderHealth (Pamela Barnes, President and Karen Beattie, Fistula Care Project Director).

The Guinea FC Project has built a strong strategic alliance with the local government of Kissidougou to foster transparency, citizen participation and local financial resources mobilization to sustainably support access to MCH services. The Mayor of Kissidougou is a fistula care champion and regularly advocates to potential donors for the Kissidougou fistula care site. Recently, he successfully secured $25,000 from the USAID mission to expand the maternity ward at Kissidougou in order to address the significant backlog of fistula clients. The extension will be built by the "Entreprise de Construction de Batiments Sy et Freres" and construction commenced in April 2012; inaugural ribbon cutting is planned for early September 2012.

Ethiopia. During this FY the FC county team conducted a fistula awareness week in East Amhara which included a workshop for representatives from various government, nongovernmental agencies, social organizations and religious institutions. The FC team

successfully advocated for the inclusion of the FC prevention training package (facilitators guide and handbook for participants) to be integrated into 19 health science colleges' midwifery courses. The training package will help ensure that fistula and partograph use are emphasized during in-service training. Hamlin Prevention Officers are also using the training materials during their trainings. With the end of the project less than a year away FC partner IntraHealth is working with the Woreda Health Offices to transition activities for fistula prevention and diagnosis services to the health centers and the regional health bureau.

Mali. A National Family Planning and Obstetric Fistula Integration Workshop was held in Bamako in October 2011 with representatives from five fistula repair centers. The meeting concluded with each site committing to developing a specific and realistic action plan within the next year to address integration. During this meeting the Fistula Care team presented the national obstetric fistula standards documents to Mali's five fistula repair sites. A preface to this document was prepared for the Minister of Health; once this is approved and signed, it will accompany the standards and renders the document official, obligating its implementation by all Ministry of Health partners. However, in March 2012 there was a coup d'état and USAID funded activities were suspended until July 2012. It is unclear at this point in time when the standards will be approved. We are in discussion with the USAID mission and our partner IntraHealth about what activities can be supported to further this discussion about integration.

Nigeria. Early in the fiscal year, the Project collaborated with partners to initiate a review of the strategic framework for elimination of fistula in Nigeria. The draft was reviewed and finalized during a meeting led by the Federal Ministry of Health (FMOH); during the meeting the participants unanimously recommended that this framework be aligned the Zero Draft National Strategic Health and Development Plan 2009 -2015. The stakeholders urged the FMOH to develop the cost component for the framework before it was finally adopted. The framework was finalized in the last quarter of the FY and now extends to 2016. The FMOH is considering a budget line item for fistula.[52] In addition to this successful work, the Project is working with nine state health management information systems offices to mainstream fistula data collection and reporting; is working with teaching hospitals to determine how best to train residents in fistula surgery as part of the USAID/Nigeria missions strategy to address bottlenecks in fistula repair by 'unlocking the potential' of university teaching hospitals; and printed the standards of practice for fistula surgeons and nurse (these materials will be disseminated next quarter).

Uganda. The Ministry of Health's (MOH) Fistula Technical Working Group (FTWG) made great strides in the last quarter of the year in finalizing the review of tools to support fistula treatment service; and Fistula Care supported the dissemination of the first ever National Fistula Strategy. A FTWG sub-committee reviewed and recommended adaption of two tools produced by the global Fistula Care project and two tools developed in country: quarterly report on fistula treatment and prevention services (global) mortality investigation guidelines (global); Fistula Client Card (provided to all women after fistula surgery with the intention of promoting access to appropriate MCH services wherever they may seek for services, including cesarean; and a Fistula Registration Form (adapted from Kitovu Hospital includes demographic data of clients,

[52] In early October 2012 the FMOH included a budget line item for fistula.

diagnosis and other information from medical assessment). This subcommittee is also in the process of reviewing three guidelines which have been adapted from products produced by the global Fistula Care project: *National Training Guidelines and Standards for Treatment of Female Genital Fistula, the Site Assessment Tool for Treatment and Prevention of Female Genital Fistula Services in Uganda and Support Supervision and Monitoring for Female Genital Fistulae Services in Uganda.* The MOH/FTWG also reviewed the experience of using the the FIGO competency-based fistula surgery training manual during an outreach camp in Hoima camp; reviewed the draft national fistula work plan and the minimum package for conducting fistula surgical camps/outreaches.

The first ever National Obstetric Fistula Strategy provides guidance to partners on implementation of prevention, treatment and re-integration activities of obstetric fistula. FC will work with UNFPA to ensure the strategy is distributed and disseminated widely across the country. FC was invited to attend the Annual Joint Review Mission[53] of the MOH. For the first time obstetric fistula interventions were given prominence in the annual health sector performance report. During this meeting Dr. Jacinto Amandua, the Commissioner for Clinical Services, made a presentation that included highlights of FC interventions implemented in the FY; the mentoring and coaching approach introduced by FC was mentioned as a key strategy for building the capacity of fistula surgeons.

Linkages/Collaborations

In addition to partnering with USAID/W, USAID Missions, and our in-country counterparts which include governments, private and missionary hospitals, the project manages an impressive array of partnerships and collaborations. IntraHealth International, a partner on the project, in consultation with EngenderHealth, has taken the lead on fistula activities in two countries: Ethiopia and Mali.

A key achievement this FY was the consultative meeting Fistula Care co-sponsored with the Maternal Health Task Force (MTHF) about the partograph: *Revitalizing the Partograph: Does the Evidence Support a Global Call to Action?* This international experts meeting reviewed the evidence about the effectiveness of the partograph in low resource settings. Proceedings from the meeting are posted on the Fistula Care web site and were widely disseminated to relevant professional associations.

The project continues to collaborate with UNFPA Campaign to end Obstetric Fistula and the International Obstetric Fistula Working Group (IOFWG). This collaboration covers the full range of fistula activities and issues – prevention, treatment, classification, research, indicators, etc. EngenderHealth staff participated in the 2011 meeting of the IOFWG Mozambique. In addition, the project has been an active participant in the international initiatives of the International Society of Obstetric Fistula Surgeons (ISOFS), the Pan-African Urological Surgeons Association (PAUSA), the International Federation of Obstetricians and Gynecologists

[53] The JRM is a forum that brings together the Ministry of Health, development partners, civil society, the private sector and other stakeholders specialized in health to review annual health sector performance against the targets set in the Health Sector Strategic Plan (HSSP III) and the Health Sector Strategic and Investment Plan (HSSIP).

(FIGO), especially in support of the development of training curricula for surgeons. Other important and strategic alliances described earlier in this report are with FIGO, WAHA and WHO.

Fistula Care and our country partners collaborated with Direct Relief International, the Fistula Foundation, and UNFPA to create a Global Fistula Map of available services for women living with obstetric fistula. FC participated in conceptual discussions prior to the creation of the map, and contacted all supported sites to offer them the opportunity to share their site-level repair data for inclusion in the map. The majority of sites made their data available to this effort, and data were also shared by WAHA International and the International Society of Obstetric Fistula Surgeons. The map went "live" in February 2012 and is being expanded and continuously updated with information provided by experts and practitioners around the globe about facilities providing fistula repair and rehabilitation services.

During this FY Fistula Care became an active member of the White Ribbon Alliance (WRA) and the Maternal Health Supplies Working group (MHSWG). As reported in previous quarterly reports this FY, Fistula Care staff participated in several technical consultations: About men and maternal health (sponsored by MenCare, Instituto Promundo, Sonke and GreenWorks in December 2011); dissemination of the International Confederation of Midwives (ICM) global standards for midwifery competencies and education (in January 2012); and the role of community-based providers in improving maternal and newborn health (sponsored by Cordaid, WHO, UNICEFF UNFAP and the University of North Carolina in June 2012). During the July-September 2012 period FC staff participated in two additional consultations:

- **Success in Saving Mothers**. This event was sponsored by JHPIEGO during the UN General Assembly in September. Presenters reviewed interventions, partnerships and strategies used to achieve the almost 50% reduction in maternal mortality over the past 20 years (from 500,000 to 279,000). The need to broaden the focus and include the large burden of reproductive morbidities, particularly obstetric fistula was discussed as an issue which still requires more attention.
- **Technical Reference Team (TRT) for the UN Commission for Life-Saving Commodities for Women and Children.** Ms. Pett participated in two meetings in the July-September period, where participants brainstormed about how to develop action plans for the implementation of recommendations of the UN Commission on Maternal and Child Health Commodities, which aims to increase access to life-saving commodities. These action plans were subsequently presented during a strategic meeting of Ministers of Health from a number of 'high burden countries'.

DRC Community of Practice (CoP). This bilingual message board on the Fistula Care partners section of the website has been active since March 2011. Posts this FY included updates about the FIGO global curriculum, a WHO bulletin on maternity houses, a description of a COPE training at one of the supported sites, and posting of a link to an article about the fistula treatment and prevention work at Panzi hospital, links to articles about family planning in *Le Monde* and the *Lancet*, and links to the Fistula Care technical briefs and other key documents on the FC website. A key activity of the FY (in the second quarter) was the convening of a meeting of the 35 health care providers and policy makers in the DRC who are members of the CoP. An outcome of that meeting was the formation of a pilot committee to advance the implementation of a National Strategy for Fistula.

Raising the Visibility of Fistula with External Audiences

Attendance and Presentations at Professional Conferences.

During FY11/12 Fistula Care staff and partners participated in four international conferences, presenting four papers at three of the four conferences (*); (see Annex 3 for list of all presentations and publications).

- International Obstetric Fistula Working Group (IFOWG), Maputo, Mozambique, October 2011*
- International Society of Urogynecologists (SIU), Berlin, Germany, October 2011*
- International Family Planning Conference, Dakar Senegal, November 2011
- American Public Health Association (AHPA) Annual Meeting, November 2011*

During the July-September 2012 quarter Ms. Celia Pett, Medical Associate, participated in a meeting at the **Woodrow Wilson International Center for Scholars**. Ms. Pett represented Fistula Care at a policy dialog session on *Preventing Injuries During Childbirth: Programmatic and Policy Recommendations for Addressing Obstetric Fistula and Uterine Prolapse*. This meeting was sponsored by the Maternal Health Task Force and United Nations Population Fund (UNFPA). She made a presentation on the feasibility of integrating obstetric fistula and uterine prolapse services, based on project experience and her recent trip to Nepal to explore this issue. The event was reported and webcast on the Woodrow Wilson Center website

During this quarter we finalized presentations for papers which will be presented at the 2012 FIGO and APHA conferences in early FY12/13. Also during this quarter we worked with partners to develop 11 abstracts for presentation at the ISOFS meeting, scheduled for November in Dhaka, Bangladesh for the 2013 Global Maternal Health Meeting scheduled to take place in Arusha, Tanzania in January 2013.

Abstracts for the ISOFS conference include:

- Community-Based Screening of Genito-Urinary Fistula in Nigeria
- Developing a Global Guidelines to Meet the Needs of Women With Fistula Deemed Incurable
- Mortality Risk Associated With Treatment of Female Genital Mutilation
- Non-Inferiority of Short-Term Urethral Catheterization Following Fistula Repair Surgery: Study Update
- A New Curriculum for Nurses and Midwives for Prevention and Management of Obstetric Fistula
- Fistula repair and re-integration poster
- Characteristics of Fistula Patients at LAMB Hospital
- Repair of Genito-Urinary Fistula: A Review of 76 Operations in 71 cases
- Outcome of Surgical Repair of 43 Complicated Obstetric Fistula Cases in a Tertiary Care Centre in Dhaka City
- Implementation of the FIGO Competency-Based Fistula Surgery Training Manual
- De-centralization of obstetric fistula treatment services in Niger

We submitted proposals for three panels for the 2013 Global Maternal Health Conference:

- **"How to Improve Access for Better Maternal Health Outcomes"**
  - Experiences of women seeking fistula treatment from five countries: Implications for prevention and treatment services
  - Community-Owned Data Collection to Prevent Maternal Mortality and Morbidities in Niger
  - Integrating Family Planning into Obstetric Fistula Treatment Services in Mali
  - The partograph mentoring and coaching pilot in Uganda

- **"Quality Services: Putting Data to Use"**
  - Indications, quality of care and outcomes for cesarean delivery: Results from a five-country retrospective record review
  - Building hospitals' capacity to use obstetric fistula monitoring data in decision-making
  - Mortality Audits in Fistula Programs

- **"Global Guidelines in Local Contexts: Strengthening Fistula Repair Services"**[54]
  - Community-based screening for obstetric fistula in Nigeria
  - A new curriculum for nurses and midwives for the prevention and management of obstetric fistula
  - Adapting global guidelines to a local context: the Ugandan experience

Fistula Care Technical Brief Series

During this FY we completed five new technical briefs, which are available in both English and French on the website. The project has produced a total of nine briefs.

- Increasing Fistula Treatment and Prevention: The Launch of a Maternity Unit in Sierra Leone
- Low-Cost Ambulance Network to Improve Access to Maternity Services in Dhaka
- Increasing Access to Maternity Services in Rural Bangladesh: Sustainable Facility-Community Links
- Community-Based Screening for Obstetric Fistula in Ebonyi State, Nigeria
- Living with Obstetric Fistula: Qualitative Research Findings from Bangladesh and the Democratic Republic of Congo

Fistula Care Newsletter

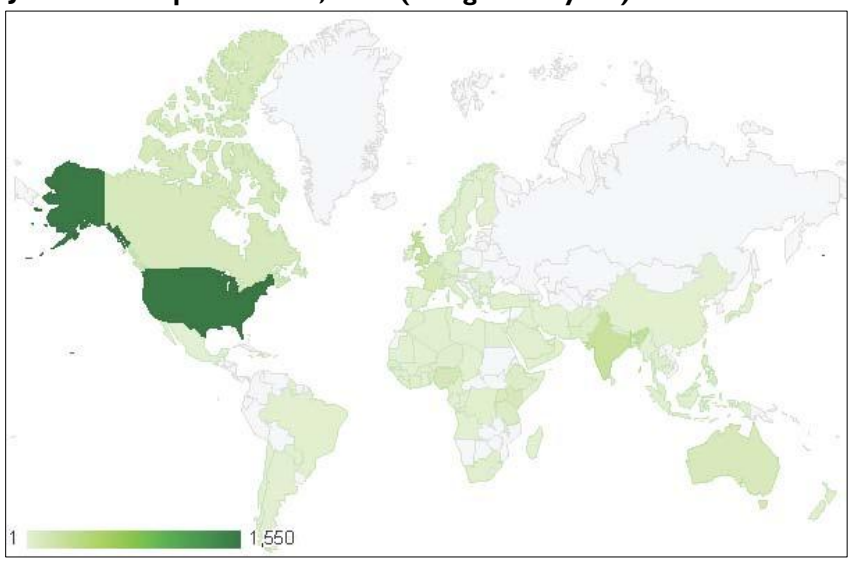
Fistula Care published its quarterly electronic newsletter on August 1, 2012. The newsletter featured country program updates about the use of the partograph in preventing maternal mortality in Uganda, and the celebration of National Fistula Day in Guinea. The Newsletter also cited new publications produced by the Fistula Care team, including two journal articles, two meeting reports, a training aide, a technical brief and an education tool newly available in French. Also features were meetings and events of interest. We emailed the newsletter to 989 subscribers.

[54] We learned at the time of writing this report that this panel was not accepted. The other two panels were accepted.

Fistula Care Website

Between June 30 and September 30, 2012 there were **3,587** visits to the Fistula Care website, from approximately 919 cities; see Figure 8. There were 256 visitors who had French set as the main language on their computer. The ten countries with the most visits were: the United States, India, the United Kingdom, Nigeria, Australia, France, Kenya, Canada, Uganda and the Philippines. Since the website's launch in 2009, there have been 48,528 visits to the site.

Figure 8. Geographic Distribution of Fistula Care website visitors June 30 to September 30, 2012 (Google Analytics)



Fistula Care in The News

During this FY we reported on a total of 25 news articles which appeared in on line news sources (see Annex 4); five articles appeared in the July-September period (see below) about Fistula Care's work in Nigeria, Rwanda and Uganda; one article about the RCT in UNFPA's Dispatch; and a reference to the clinical trial in a UN report. Although Fistula Care may be mentioned in the following works, their content does not represent the views or positions of Fistula Care or the U.S. Agency for International Development (USAID).

The articles that appeared in the July-September 2012 period included:

- Donors, Health Ministry Move To Combat Fistula Among Women – *Chimp Reports, August 28, 2012*
  This article discusses the causes of fistula and the measures being taken by the Ministry of Health to address the needs of Ugandan women. It also reports on the $27,000 worth of fistula treatment commodities were distributed across Uganda by Fistula Care.
- Ministry of Health Decries Increased Cases of Fistula – *UG Pulse (Uganda), August 29, 2012* .Reports on the Ministry of Health's reaction to statistics on the high instances of women suffering from obstetric fistula in Uganda, siting EngenderHealth's USAID-funded donation of commodities.
- 200,00 women living with VVF in Nigeria – *The Nation (Nigeria), September 17, 2012*
  During a Fistula Care workshop, remarks are made on the high rate of fistula cases in Nigeria, and the need to address this in order to attain MDGs related to maternal and child health.

- Vesicovaginal fistulae in Bangladesh – *Royal College of Obstetrics and Gynaecologist, September 2012.* Dr. Sayeba Akhter (Dhaka Medical College in Bangladesh) reports on "the global approach of prevention, treatment and rehabilitation" in addressing fistula in the country, including services provided at EngenderHealth-supported hospitals.
- Fistula Presents an Obstacle to Attaining MDGs**,** *Punch, September 23, 2012* Mrs. Obioma Liyel-Imoke, wife of the Cross River State Governor, comments on the current rates of fistula in Nigeria during a two-day advocacy workshop for local government chairmen. Without efforts to prevent fistula she claims MDGs will not be attainable. The article reports on Fistula Care efforts in Nigeria to address the growing demand for quality fistula services in the country.
- The United Nations General Assembly report, Supporting efforts to end obstetric fistula; Report of the Secretary-General**,** referenced EngenderHealth's work and the RCT.
- UNFPA's spring 2012 edition of Dispatch, the Campaign to End Fistula newsletter, highlights the RCT research study being conducted by Fistula Care in partnership with WHO, and its importance in reducing post-repair complications among fistula clients in low-resource settings. EH Staff and fistula surgeons weigh in on the impact these research findings will have towards improving fistula activities worldwide.

Utilization of Technical Products at Supported Sites

During FY11/12 a total of 78 USAID supported treatment and prevention sites (99% of all FC-supported sites) used at least once of the project developed tools (quarterly report); other most frequently used tools were the FP following Fistula Care tool (n=33), the Monitoring/Supervision for Service Delivery Checklist (n=29), the Informed Consent for Fistula Services Booklet (n=29) and the Fistula Diagnosis Poster and/or Handout (n=26); see Table 15 (full details by supported site are listed in Annex 5)

Table 15. Use of Fistula Care Technical Tools by Country, October 2011-September 2012

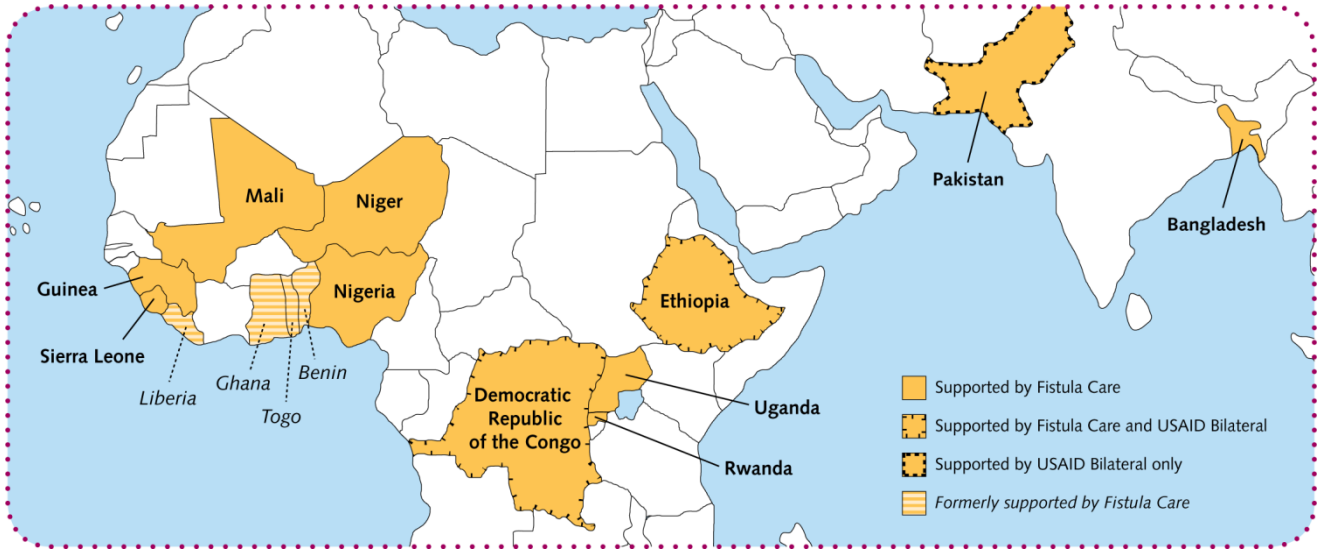
Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Number sites reporting use in FY11/12 by country										
Bangladesh	4	4	0	0	0	2	0	2	4	2
DRC	6	4	3	5	1	3	0	3	3	2
Ethiopia	4	4	0	0	0	0	0	4	0	4
Guinea	9	0	2	0	0	3	0	3	3	3
Mali	5	1	0	0	3	0	0	4	0	4
Niger	6	3	0	3	0	3	0	5	4	5
Nigeria	27	7	0	0	2	8	0	0	9	7
Rwanda	4	3	0	3	0	2	0	2	3	3
Sierra Leone	1	0	1	0	0	0	0	0	0	0
Uganda	12	3	1	0	0	2	3	3	3	3
Total sites using tools FY12	**78**	**29**	**7**	**11**	**6**	**23**	**3**	**26**	**29**	**33**

IV. Country Reports

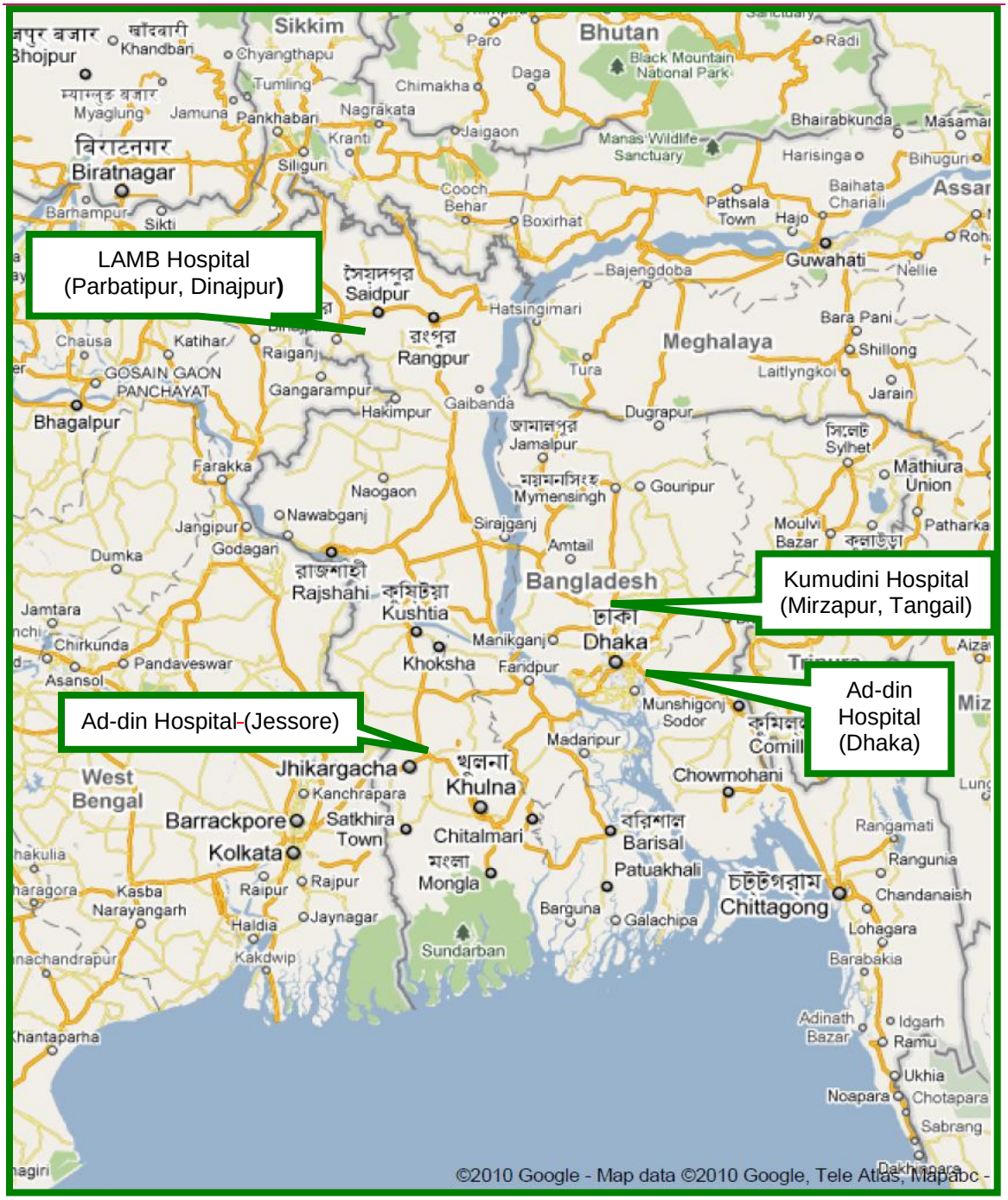
Summarized below are key achievements during the FY for each country program.

Summarized below are key achievements during the FY for each country program.

Each country map in the following country reports identifies the location of each supported facility: solid green lines denote repair sites and dashed red lines denote prevention only sites.



BANGLADESH


LAMB Hospital
(Parbatipur, Dinajpur)
Kumudini Hospital
(Mirzapur, Tangail)
Ad-din Hospital (Jessore)
Ad-din Hospital (Dhaka)
Bangladesh
Dhaka
Rajshahi
Kushtia
Khulna
Jhikargacha
Barrackpore
Kolkata
Chittagong
Barisal
Rangpur
Saidpur
Bhutan
Sikkim
Meghalaya
Guwahati
Biratnagar
Bhagalpur
Sundarban
©2010 Google - Map data ©2010 Google, Tele Atlas, Mapabc -

PROGRAM ACHIEVEMENT SNAPSHOT BANGLADESH	
Reporting Period	FY 11-12: October 2011-September 2012
Characteristic	**Description**
Start Date	July 2005 through the ACQUIRE Project
Supported Sites	Four private hospitals: • Kumudini Hospital (Mirzapur, Tangail) • LAMB Hospital (Parbatipur, Dinajpur) • Ad-din Hospital (Dhaka) • Ad-din Hospital (Jessore)
Background	Kumudini and Ad-din Dhaka Hospitals provide routine repair services, while LAMB and Ad-din Jessore provide periodic outreach repair services. The EngenderHealth Bangladesh office raises small amounts of private funds locally from corporations and individuals to support some patient care and transportation costs. Fistula Care collaborates with the rehabilitation center of the national fistula center. In addition, Dr. Sayeba Akhter, formerly of the National Fistula Center, serves as a consultant to the program for training and complex repairs. There was an absence of subaward funding in the fourth quarter of FY12. LAMB and Kumudini did not receive subaward support during the quarter and Ad-din had funding only for the month of August. This impacted the number of repairs performed during the quarter.
Treatment strategies (Result 1)	LAMB and Kumudini periodically bring outside consultants to provide repair services for the most complex cases as well as to mentor junior surgeons and provide training for providers during concentrated outreach services. During FY12: • A total of 184 repairs were supported, which is a 23% increase compared to 150 repairs in FY11. • The number of repairs increased at all sites when compared to FY11, with the exception of LAMB where only one fewer surgery was performed. • The overall closed and dry rate for women with urinary fistula was 76% (compared to 71% in FY11). • Backlogs at LAMB, Ad-Din Dhaka, and Ad-Din Jessore are due to the complexity of cases that are presenting, requiring special sessions with expert surgeons that can be difficult to schedule. • A total of 3 surgeons received fistula repair training (one first training and two continuing trainings). • Kumudini Hospital procured one medium-sized incinerator for medical waste disposal.
Prevention strategies (Result 2)	The four supported sites provide a range of maternity services, including antenatal care, deliveries, cesarean sections and FP services. Sites also carry out community outreach activities with fistula prevention messages. During FY12: • 205 health workers received orientations to fistula screening and prevention, as well as family planning. • LAMB and Kumudini Hospital oriented 32 former fistula patients as "Community Fistula Advocates" to help with community outreach and

PROGRAM ACHIEVEMENT SNAPSHOT BANGLADESH	
	identification and referral of fistula patients. • Ad-din Dhaka produced fistula-prevention billboards mounted in areas of Dhaka and Jessore. • LAMB conducted refresher training for 179 village health volunteers on fistula prevention and treatment messages. • Family planning method and counseling training was provided to 161 health workers. • 139 community outreach events took place, reaching an estimated 4,824 individuals. Outreach efforts included health professionals, young married couples, traditional birth attendants, government and community leaders and religious groups. • 'Family planning resources for women after fistula repair' was translated into Bangla (handbook and posters) and the English and Bangla versions of a "Pictorial Book" are being finalized. It will serve as a visual aid for community-level discussions about obstetric fistula prevention. • In March 2012 Fistula Care published two Technical Briefs: one about the innovative strategies for increasing assess to maternity services in rural areas and the second about a low-cost ambulance network in Dhaka.
Data utilization (Result 3)	Bangladesh participated in two global research studies—the prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10. The cesarean record review results were discussed with the sites in FY11 and Fistula Care will follow up to strengthen cesarean recordkeeping and decision-making at Kumudini in FY13. The observational and cesarean study findings were disseminated nationally in FY12. During FY12: • Kumudini, LAMB, and Ad-Din Dhaka Hospitals conducted data quality assessments (DQA). • Partograph monitoring and feedback was carried out at all 4 supported sites. • Medical waste monitoring and feedback was carried out at all supported sites.
Policy work (Result 4)	Fistula Care serves as the secretariat for the National Fistula Task Force which meets regularly and has finalized the National Strategy on Obstetric Fistula. The strategy awaits approval by the Directorate General of Health Services after which it will be ready for dissemination.

KEY INDICATORS SNAPSHOT BANGLADESH						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	58	41	64	21	184
	% women who had surgery who have closed fistula at discharge	77%	76%	84%	52%	76%
	% women who had surgery who experienced complications	0%	0%	0%	5%	1%
	# Surgeons Trained	3	0	0	0	3
	# other trained	336	60	90	90	579
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	65	19	27	28	139
	# persons reached in community outreach	2139	901	940	844	4824
	# births	5474	4188	3979	5365	19,006
	% of births c section	51%	55%	52%	53%	52%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	75%	50%	50%	0%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	4	4	4	4	4
Data Trends and Explanations	• LAMB continues to have a significant backlog of patients requiring care from an expert surgeon. It has been difficult to schedule concentrated efforts due to surgeon availability. • The closed and dry rates at LAMB in the second quarter were low due to the complexity of the cases repaired there. • Repair numbers in the third quarter increased due to concentrated repair efforts at LAMB in April and May, with support from two visiting surgeons, enabling them to clear some of their backlog. Kumudini has increased its geographical coverage beyond the Tangail district, increasing numbers of clients reached. • The second quarter of the fiscal year is the harvesting season and is traditionally a time when fewer women come to facilities for services while the fourth quarter of the year includes Ramadan. • In the third quarter, Ad-Din Jessore did not organize a concentrated effort. • Kumudini did not provide repairs in the fourth quarter when funding was unavailable. LAMB and Ad-din carried out some repairs despite the lack of external funds. The number of repairs conducted in the fourth quarter was severely limited by the lack of subaward funding. • The closed and dry rate of 52% in the fourth quarter was attributed to the number of women with closed fistula but remaining incontinence due to the level of complexity of the repairs.					

Figure BGD 1. Total number of repairs by site and year, Bangladesh

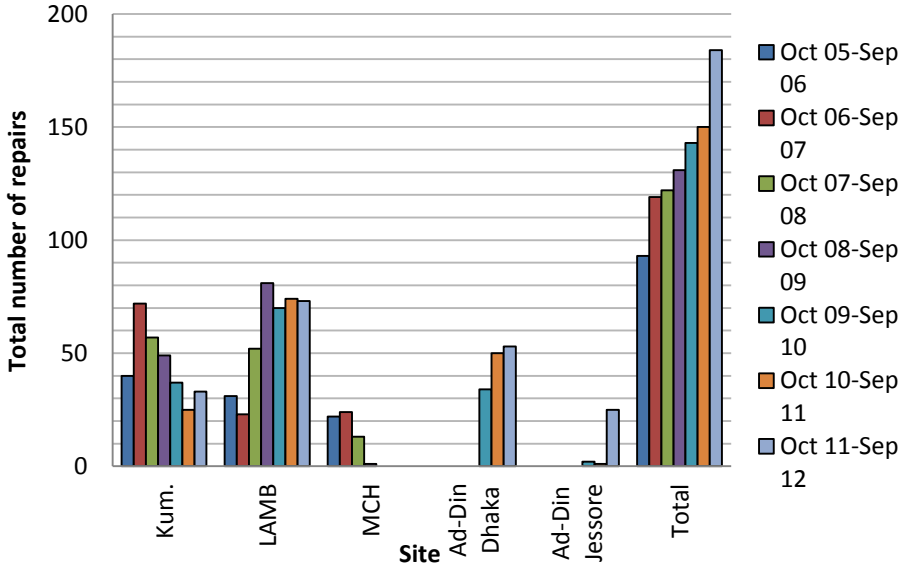


Figure BGD 2. Total number of repairs by site and quarter, Oct 11-Sep 12, Bangladesh

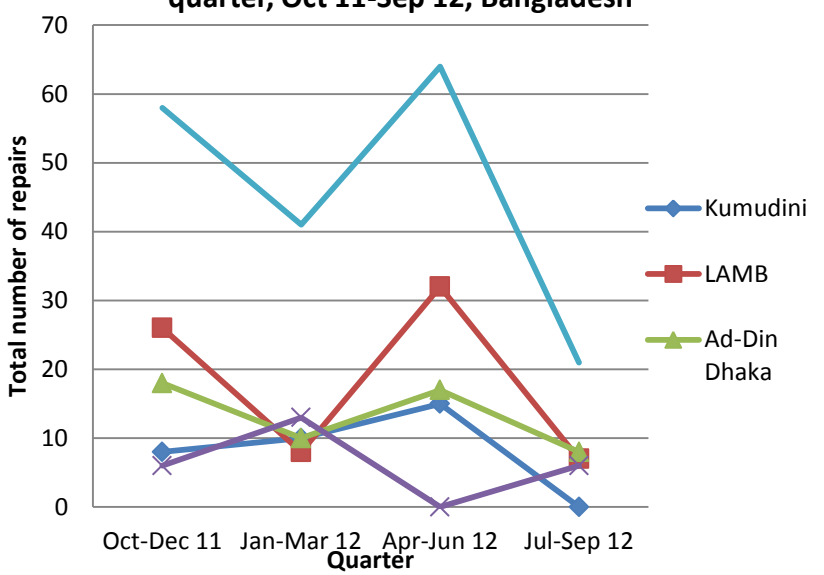


Figure BGD 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY

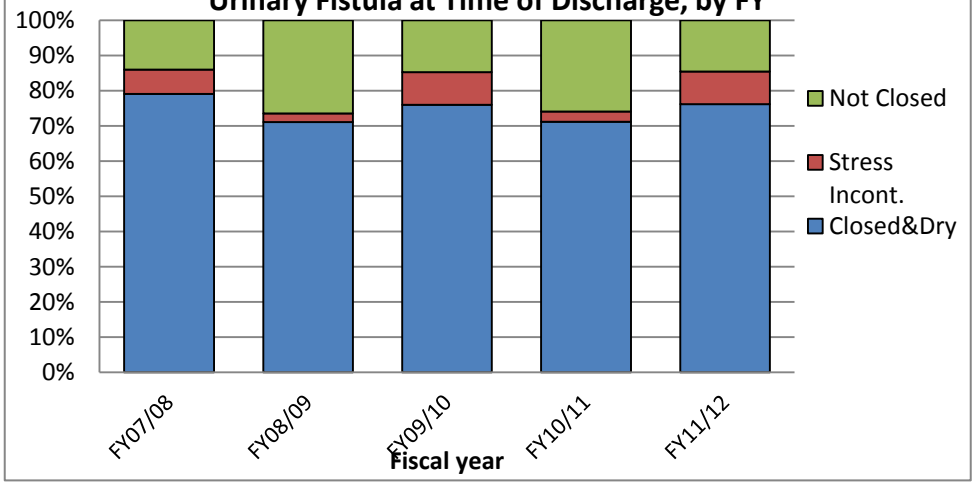


Figure BGD 4. Demand for Services, October 2007 - September 2012, Bangladesh

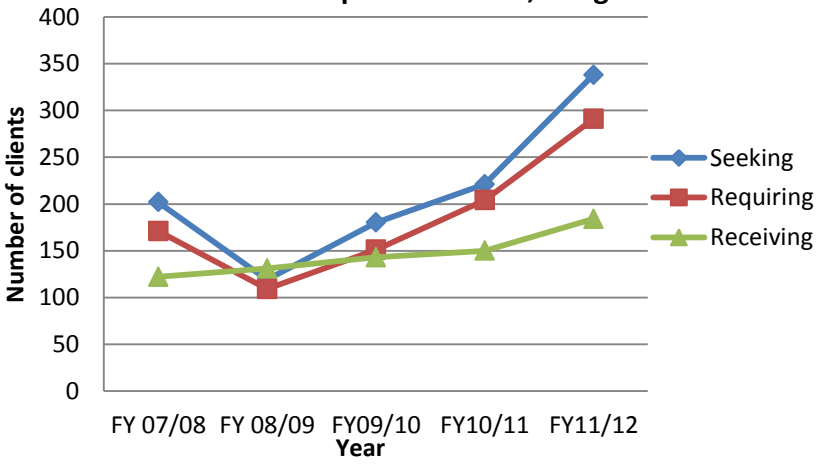


Table BGD1. Clinical Indicators by Site, October 2011 - September 2012, Bangladesh

	Ad-Din Dhaka					Ad-Din Jessore					Kumudini				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	23	16	20	10	69	10	14	6	13	43	8	10	15	12	45
No. requiring FRS	23	12	19	10	64	8	13	0	13	34	8	10	15	0	33
No. receiving FRS	**18**	**10**	**17**	**8**	**53**	**6**	**13**	**0**	**6**	**25**	**8**	**10**	**15**	**0**	**33**
Percent receiving FRS	**78%**	**83%**	**89%**	**80%**	**83%**	**75%**	**100%**	**0%**	**46%**	**74%**	**100%**	**100%**	**100%**	**0%**	**100%**
Type of FRS performed															
----urinary only	17	9	16	8	50	6	12	0	6	24	7	10	15	0	32
----urinary & RVF	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
----RVF only	1	1	1	0	3	0	1	0	0	1	0	0	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs															
-----first repair	12	2	13	3	30	5	9	0	2	16	7	10	14	0	31
-----second repair	4	4	3	4	15	1	3	0	3	7	1	0	1	0	2
----->2	1	3	0	1	5	0	0	0	1	1	0	0	0	0	0
Percent women with first repair (urinary only)	**71%**	**22%**	**81%**	**38%**	**60%**	**83%**	**75%**	**0%**	**33%**	**67%**	**88%**	**100%**	**93%**	**0%**	**94%**
No. discharged after FRS (urinary only)	16	11	13	9	49	0	18	0	6	24	6	10	11	0	27
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
No. discharged after FRS (RVF only)	1	1	1	0	3	0	1	0	0	1	0	0	0	0	0
Total no. discharged after FRS	**17**	**12**	**14**	**9**	**52**	**0**	**19**	**0**	**6**	**25**	**7**	**10**	**11**	**0**	**28**
No. not discharged after FRS	2	0	3	2	7	6	0	0	0	6	1	1	5	0	7
Outcome of FRS (urinary only & urinary/RVF)															
---No. with closed fistula who are dry	11	9	12	7	39	0	14	0	3	17	6	9	10	0	25

	Ad-Din Dhaka					Ad-Din Jessore					Kumudini				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
----No. with closed fistula & stress incontinence	5	0	0	0	5	0	0	0	3	3	0	0	0	0	0
-----No. whose fistula was not closed	0	2	1	2	5	0	4	0	0	4	1	1	1	0	3
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**69%**	**82%**	**92%**	**78%**	**80%**	**0%**	**78%**	**0%**	**50%**	**71%**	**86%**	**90%**	**91%**	**0%**	**89%**
Outcome of FRS (RVF only)															
----closed and dry	1	1	1	0	3	0	0	0	0	0	0	0	0	0	0
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----incontinent with firm stool	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**100%**	**100%**	**0%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**71%**	**83%**	**93%**	**78%**	**81%**	**0%**	**74%**	**0%**	**50%**	**68%**	**86%**	**90%**	**91%**	**0%**	**89%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
------Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table BGD1. Clinical Indicators by Site, October 2011 - September 2012, Bangladesh (Continued)

	LAMB					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	55	30	49	47	181	96	70	90	82	338
No. requiring FRS	49	25	46	40	160	88	60	80	63	291
No. receiving FRS	**26**	**8**	**32**	**7**	**73**	**58**	**41**	**64**	**21**	**184**
Percent receiving FRS	**53%**	**32%**	**70%**	**18%**	**46%**	**66%**	**68%**	**80%**	**33%**	**63%**
Type of FRS performed										
---------- urinary only	26	7	32	7	72	56	38	63	21	178
---------- urinary & RVF	0	1	0	0	1	1	1	0	0	2
---------- RVF only	0	0	0	0	0	1	2	1	0	4
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	24	4	25	4	57	48	25	52	9	134
---------- second repair	2	3	4	2	11	8	10	8	9	35
---------- >2	0	1	3	1	5	1	4	3	3	11
Percent women with first repair (urinary only)	**92%**	**50%**	**78%**	**57%**	**78%**	**84%**	**64%**	**83%**	**43%**	**74%**
No. discharged after FRS (urinary only)	24	8	32	6	70	46	47	56	21	170
No. discharged after FRS (urinary & RVF)	0	1	0	0	1	1	1	0	0	2
No. discharged after FRS (RVF only)	0	0	0	0	0	1	2	1	0	4
Total no. discharged after FRS	**24**	**9**	**32**	**6**	**71**	**48**	**50**	**57**	**21**	**176**
No. not discharged after FRS	1	0	0	1	2	10	1	8	3	22
Outcome of FRS (urinary only & urinary/RVF)										
----No. with closed fistula who are dry	19	5	25	1	50	36	37	47	11	131
----No. with closed fistula & stress incontinence	1	0	5	2	8	6	0	5	5	16
----No. whose fistula was not closed	4	4	2	3	13	5	11	4	5	25
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**79%**	**56%**	**78%**	**17%**	**70%**	**77%**	**77%**	**84%**	**52%**	**76%**

	LAMB					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Outcome of FRS (RVF only)										
-----closed and dry	0	0	0	0	0	1	1	1	0	3
-----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
-----incontinent with firm stool	0	0	0	0	0	0	1	0	0	1
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**50%**	**100%**	**0%**	**75%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**79%**	**56%**	**78%**	**17%**	**70%**	**77%**	**76%**	**84%**	**52%**	**76%**
No. with complications after FRS	0	0	0	1	1	0	0	0	1	1
------Major surgical complications	1	0	0	1	2	1	0	0	1	2
-----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
-----Post-operative complication related to perceived success of surgery	0	1	0	0	1	0	1	0	0	1
Percent with complications after FRS	**0%**	**0%**	**0%**	**17%**	**1%**	**0%**	**0%**	**0%**	**5%**	**1%**

Table BGD 2. Number of Persons Trained by Topic, October 2011 – September 2012, Bangladesh

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Ad-din Dhaka					
Infection prevention training	27	0	0	17	**44**
Continuing training in fistula repair	1	0	0	0	**1**
Facilitative supervision training	5	0	0	5	**10**
PPFP training	33	0	0	0	**33**
PPFP refresher training	10	0	0	0	**10**
Fistula and FP orientation	0	0	0	14	**14**
Ad-din Jessore					
MIS training	5	0	0	0	**5**
Fistula and family planning counseling	13	0	0	0	**13**
PPFP training	28	0	0	20	**48**
Fistula and FP orientation	0	0	0	12	**12**
Infection prevention	0	0	0	12	**12**
Facilitative supervision training	0	0	0	7	**7**
Implanon training	0	0	0	3	**3**
Kumudini					
Continuing training in fistula repair	1	0	0	0	**1**
Facilitative supervision training	0	9	0	0	**9**
Infection prevention training	0	13	0	0	**13**
Orientation for doctors, nurses and program assistants in facilitation of community meetings	9	0	0	0	**9**
Refresher training of Community Fistula Volunteers	0	10	0	0	**10**
Orientation on obstetric fistula and family planning	0	0	15	0	**15**
EmOC training for government nurses	0	0	10	0	**10**
LAMB					
First training in fistula repair	1	0	0	0	**1**
PPFP training	0	28	0	0	**28**
Refresher training of Village Health Volunteers	179	0	0	0	**179**
Refresher training of advanced midwives	27	0	17	0	**44**
Refresher training of Community Fistula Volunteers	0	0	7	0	**7**
Orientation on obstetric fistula and family planning	0	0	15	0	**15**
Counseling and management of obstetric fistula and family planning for medical assistants	0	0	26	0	**26**
Total	**339**	**60**	**90**	**90**	**579**

Table BGD 3. Number of Community Outreach Events and Persons Reached, October 2011 - September 2012, Bangladesh

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community Leaders	26	755	2	343	2	86	8	262	**38**	**1446**
Young Married Couples	9	320	0	0	2	131	5	104	**16**	**555**
Religious Leaders	3	153	3	91	0	0	0	0	**6**	**244**
Health Workers	23	832	0	0	13	452	10	294	**46**	**1578**
Cured Fistula Patients	2	28	0	0	0	0	1	13	**3**	**41**
Health Official/NGO advocacy	2	51	14	467	2	71	4	171	**22**	**760**
Pregnant Women	0	0	0	0	8	200	0	0	**8**	**200**
Total	**65**	**2139**	**19**	**901**	**27**	**940**	**28**	**844**	**139**	**4824**

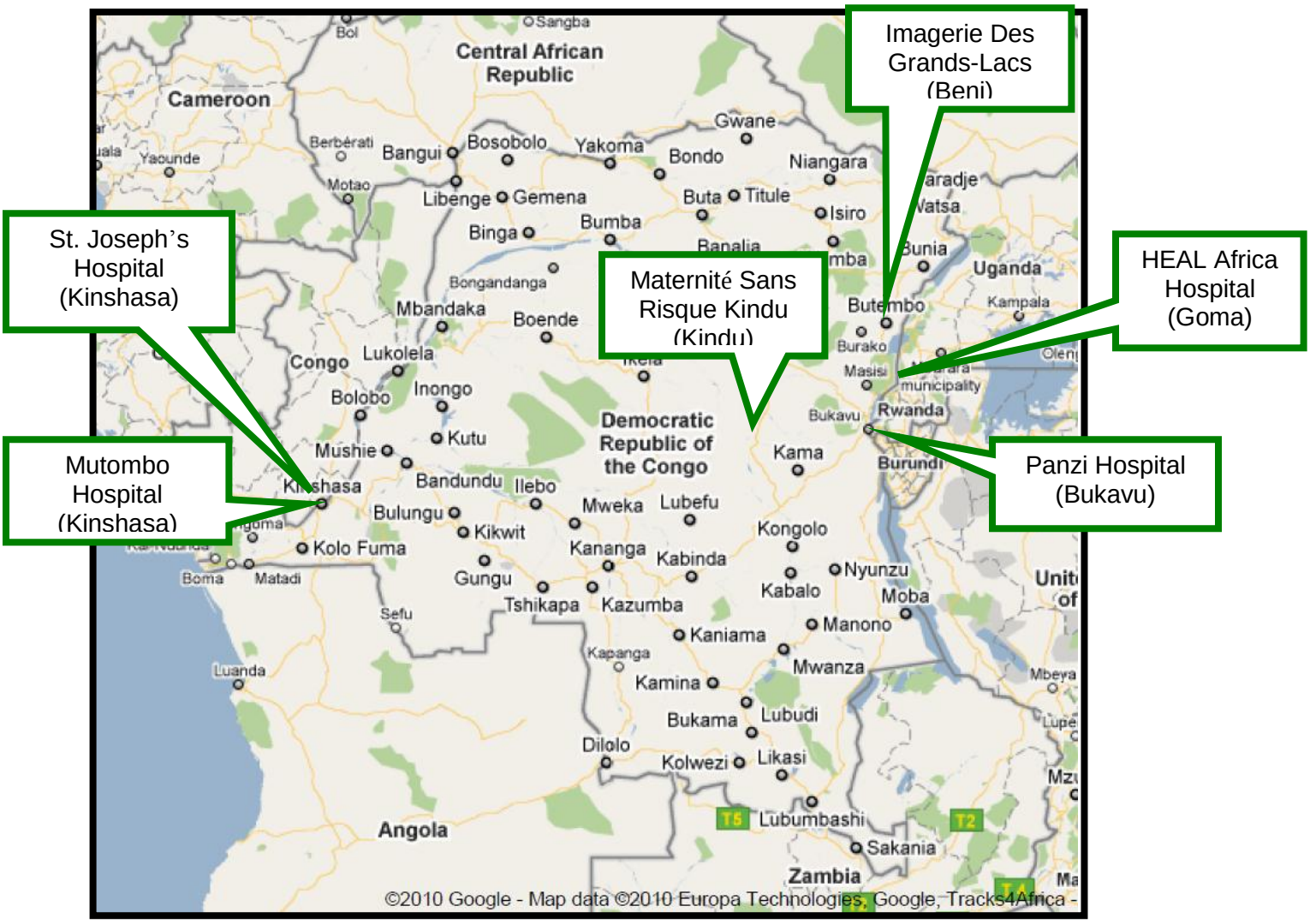
Table BGD 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2011 – September 2012, Bangladesh

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
Fistula FP Methods	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Oral Pill	3,545	2,544	269	957	**7,315**
IUCD	76	74	0	0	**150**
Condom (male)	2,295	453	280	586	**3,614**
Condom (female)	0	0	0	0	**0**
Injectable	7,370	2,210	164	1,002	**10,746**
Implant	8	0	0	1,058	**1,066**
Tubal Ligation	309	201	88	310	**908**
Vasectomy	0	0	21	4	**25**
Foaming Tablets	0	0	0	0	**0**
Total FP acceptors	**13,603**	**5,482**	**822**	**3,917**	**23,824**
Total Number of clients counseled about FP methods	15,800	6,530	822	6,374	**29,526**

Table BGD 5. Obstetric Services, by site. October 2011 – September 2012, Bangladesh

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	3,246	1,518	1,122	3,144	**9,030**
Number of C sections	5,912	2,186	1,205	673	**9,976**
Total Number of deliveries	**9,158**	**3,704**	**2,327**	**3,817**	**19,006**
Percent deliveries by C section	65%	59%	52%	18%	**52%**

DEMOCRATIC REPUBLIC OF CONGO (DRC)



PROGRAM ACHIEVEMENT SNAPSHOT DEMOCRATIC REPUBLIC OF THE CONGO	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	July 2005 through USAID bilateral support; through EngenderHealth beginning in 2009.
Supported Sites	Six private hospitals: four in eastern DRC and two in Kinshasa: • HEAL Africa Hospital • Imagerie des Grands Lacs (IGL) • Maternité Sans Risque Kindu (MSRK) • Mutombo Hospital • Panzi Hospital • St. Joseph's Hospital (SJH) ProSani, the USAID/DRC bilateral project, is currently supporting repairs at 8 sites: • Kaziba, South Kivu • Tshikaji, Kasai Occidental • Uvira, South Kivu • Malemba Kulu, Katanga • Kabongo, Katanga • Luiza, Kasai Occidental • Katako Kombe, Kasai Occidental • Lodja, Kasai Occidental
Background	Between July 2005 and September 2008, USAID-funded fistula activities were managed through a bilateral agreement with the International Rescue Committee (IRC). Support through Fistula Care began in February 2009. Between FY08 and FY10 USAID/DRC funded Project AXxes to provide outreach fistula services. The current bilateral (ProSani) is managed by MSH. The number of repairs supported by the previous USAID bilateral agreements is included in Table 4 in the Global Accomplishment section of this report. As discussed with the USAID mission, and based on earlier assessments, Fistula Care expanded support to four additional sites in FY10/11, with a total of six sites now receiving support. A needs assessment was conducted at three hospitals in Kisangani (2) and Ubundu (1) during the fourth quarter of FY12.
Treatment strategies (Result 1)	During FY12: • 1,742 repairs were supported by USAID, of which 1,221 (70%) were carried out by FC-supported sites and through mobile efforts by Panzi in North Katanga and Chambucha. This represents a 216% increase for FC-supported sites. • Overall, closed and dry rates were 87%, the same as in FY11. • 7 surgeons received training in fistula repair and 12 nurses were trained in pre- and post-operative procedures for fistula repair. • MSRK built an incinerator for waste disposal. • Supportive supervision was carried out in seven health zones in the outskirts of Goma.

PROGRAM ACHIEVEMENT SNAPSHOT DEMOCRATIC REPUBLIC OF THE CONGO	
Reporting Period	FY 11-12: October 2011 – September 2012
	• Equipment was purchased for several supported sites.
Prevention strategies (Result 2)	During FY12: • 9 community outreach efforts reached 629 individuals to share information about fistula prevention and repair. • 222 health care workers were trained in EmOC, including partograph, c-section and catheterization and 77 health care workers were trained in family planning. • SJH carried out a televised campaign on fistula prevention and treatment. • HBMM aired radio and TV programs to increase fistula prevention and treatment awareness. • 75 healthcare providers from three partner sites received updates on family planning.
Data utilization (Result 3)	St. Joseph's Hospital is one of eight participating hospitals in the RCT study on short term catheterization. Enrollment of women into the study began in the second quarter. The study is expected to be completed by June 2013. See Result 3 under the global section of this report for more information. Data for decision making workshops were held at Mutombo and St. Joseph's hospitals.
Policy work (Result 4)	The project launched a Community of Practice (CoP) for healthcare providers and project implementers working on fistula in the DRC in March 2011. The goal of the CoP's message board is to provide a space for the fistula community (surgeons, donors, NGOs, etc.,) to share information, experiences and lessons learned. A third national CoP meeting took place in Bukavu on March 8-9, 2012. Thirty-five healthcare providers and policymakers attended the meeting. A key activity of this meeting was to discuss how to update the national obstetric fistula strategy. An outcome of the meeting was to form a pilot committee to advance the implementation of a National Strategy.

KEY INDICATORS SNAP SHOT DEMOCRATIC REPUBLIC OF THE CONGO						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	384	381	276	701	1,742
	% women who had surgery who have closed fistula at discharge	89%	93%	92%	80%	87%
	% women who had surgery who experienced complications	2%	1%	2%	3%	2%
	# Surgeons Trained	2	6	5	6	7[55]
	# other health trained	14	150	142	52	354[56]
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	0	2	4	3	9
	# persons reached in community outreach	0	86	275	268	629
	# births	2577	2577	2812	2810	10,776
	% of births c section	26%	28%	26%	24%	26%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	17%	33%	67%	33%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	6	6	6	6	6
Data Trends and Explanations	During this reporting period: • IGL, located in North Kivu reports an overall downward trend in cases. The need to travel further into the province to locate cases is challenging and dangerous. Strategies for reaching more remote cases are being explored. • MSRK is at capacity for performing surgery; they are constrained by low bed capacity, and lack of surgeons (2 left; 1 surgeon and 1 resident remain). 4 surgeons have been identified for training. Increase in demand and a shortage of available surgeon has resulted in a backlog. • At Panzi, in the 1st quarter, many women were unable to undergo repairs because of significant co-morbidities, including effects from insertion of native toxic products in the vagina in an attempt to close the fistula. In the 2nd quarter, two mobile repair efforts were conducted in Northern Katanga and Chambucha. In Katanga, nearly 1/3 of the women identified with fistula had complex cases that needed to be referred for repair. Expanded outreach efforts this FY have been hampered by insecurity in the region. • In the 1st quarter, SJH performance was low due to the departure of two doctors, as well as elections and ensuing violence that prevented people from being able to travel to Kinshasa. In the 4th quarter, there were fewer repairs because they did not conduct outreach efforts. The backlog at the end of the fourth quarter will be dealt with in the 1st quarter of FY12/13. • In the third quarter, HEAL saw an increase in repairs as a result of outreach efforts, particularly in Eastern Province in Wamba.					

[55] Two surgeons received first training in the first and continuing training in the second quarters, one surgeon received continuing training in both the second and third quarters, and three surgeons received continuing training in the second, third and fourth quarters and are therefore only counted once in the FY total.

[56] 4 individuals received pre- and post-operative training in the first two quarters and are therefore only counted once in the FY total.

Figure 1a. Total number of repairs at Fistula Care supported sites by year (DRC)

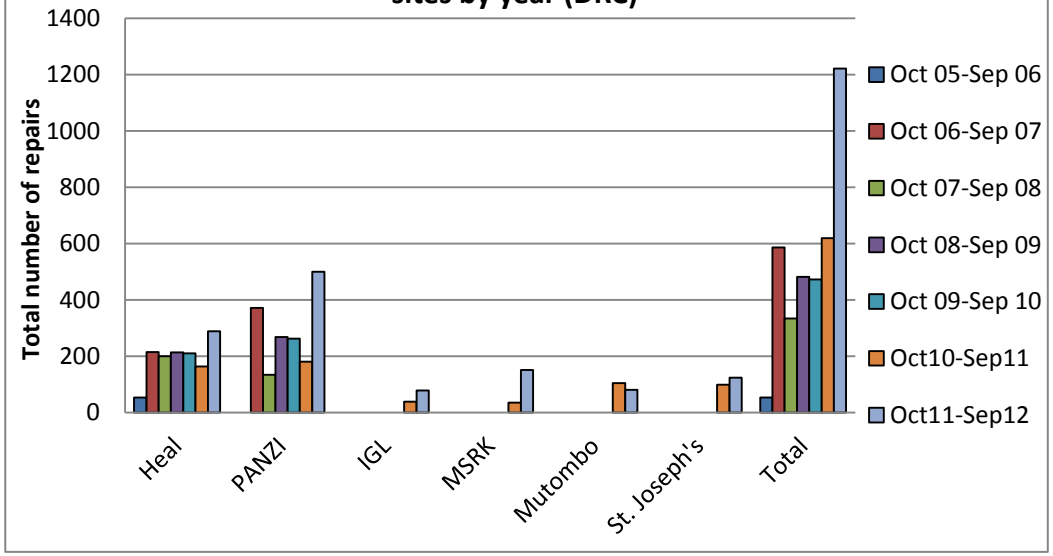


Figure 1b. Total number of repairs by bilateral site, by year (DRC)

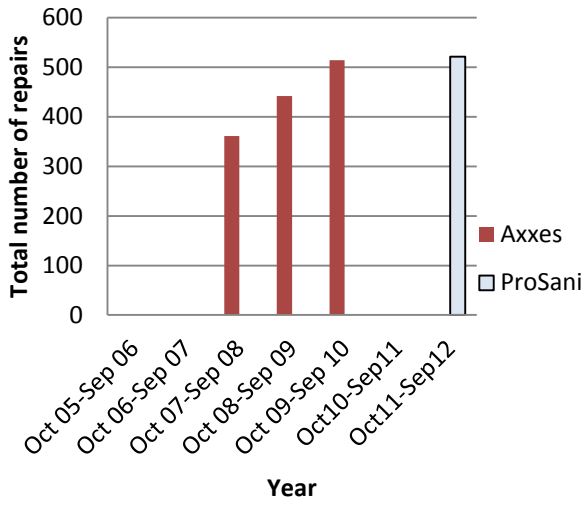


Figure 2. Total number of repairs by site and quarter Oct 11-Sep 12 (DRC)

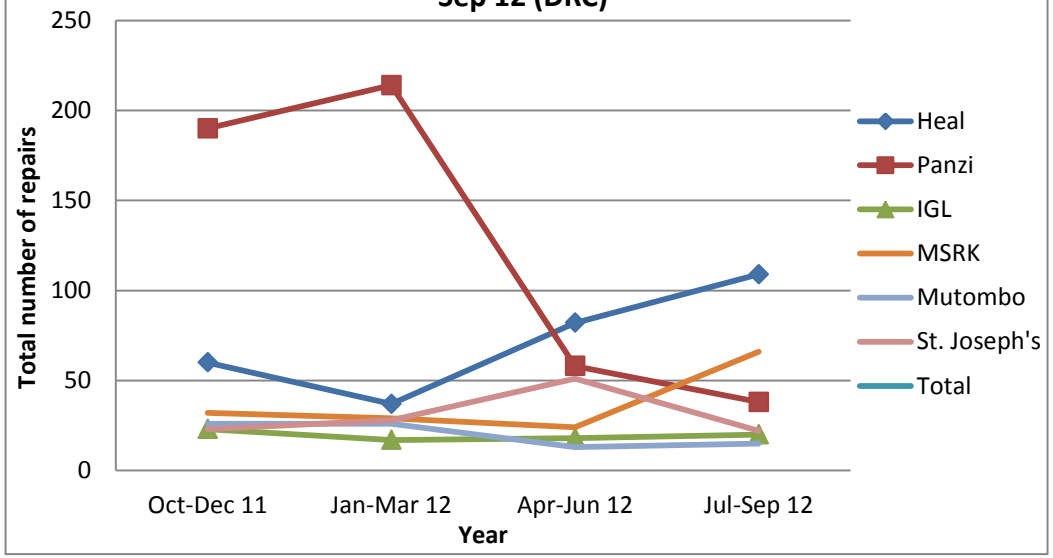


Figure 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY (DRC)

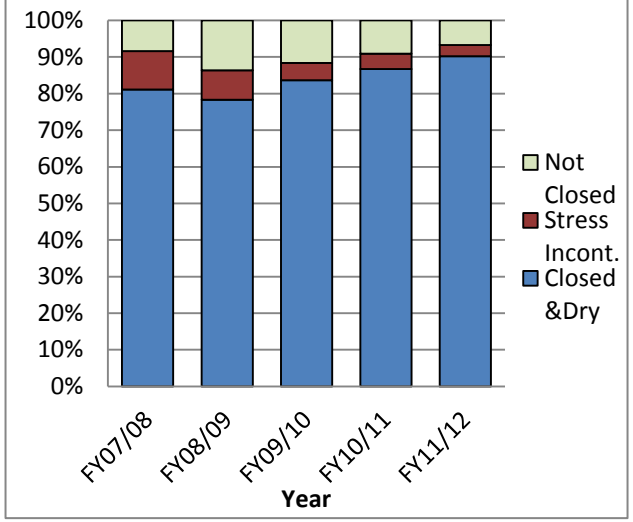


Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC

	HEAL Africa					IGL					Kabongo				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	71	45	150	146	412	24	19	19	20	82	NS	NS	NS	170	170
No. requiring FRS	60	37	82	109	288	23	17	18	20	78	NS	NS	NS	145	145
No. receiving FRS	**60**	**37**	**82**	**109**	**288**	**23**	**17**	**18**	**20**	**78**	**NS**	**NS**	**NS**	**50**	**50**
Percent receiving FRS	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**n/a%**	**n/a%**	**n/a%**	**34%**	**34%**
Type of FRS performed															
----urinary only	56	37	65	106	264	21	17	17	19	74	NS	NS	NS	49	49
----urinary & RVF	2	0	2	1	5	0	0	0	0	0	NS	NS	NS	0	0
----RVF only	2	0	15	2	19	2	0	1	1	4	NS	NS	NS	1	1
For 'Urinary only' or 'Urinary and RVF' repairs															
---first repair	35	31	39	90	195	18	12	10	16	56	NS	NS	NS	40	40
---second repair	18	1	10	5	34	3	5	6	3	17	NS	NS	NS	8	8
--->2	5	5	18	12	40	0	0	1	0	1	NS	NS	NS	1	1
% women with first repair (urinary only)	**60%**	**84%**	**58%**	**84%**	**72%**	**86%**	**71%**	**59%**	**84%**	**76%**	**n/a%**	**n/a%**	**n/a%**	**80%**	**82%**
No. discharged after FRS (urinary only)	52	41	65	101	259	21	17	16	19	73	NS	NS	NS	49	49
No. discharged after FRS (urinary & RVF)	2	0	2	1	5	0	0	0	0	0	NS	NS	NS	0	0
No. discharged after FRS (RVF only)	2	0	14	2	18	2	0	1	1	4	NS	NS	NS	1	1
Total no. discharged after FRS	**56**	**41**	**81**	**104**	**282**	**23**	**17**	**17**	**21**	**78**	**NS**	**NS**	**NS**	**50**	**50**
No. not discharged after FRS	4	0	1	6	11	0	0	1	0	1	NS	NS	NS	0	0
Outcome of FRS (urinary only & urinary/RVF)															
----No. with closed fistula who are dry	46	39	61	94	240	17	16	16	20	69	NS	NS	NS	37	37
----No. with closed fistula & stress incontinence	4	1	2	2	9	1	0	0	0	1	NS	NS	NS	8	8

	HEAL Africa					IGL					Kabongo				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. whose fistula was not closed	4	1	4	6	15	3	1	0	0	4	NS	NS	NS	4	4
% with closed fistula who are dry (urinary only & urinary/RVF)	**85%**	**95%**	**91%**	**93%**	**91%**	**81%**	**94%**	**100%**	**105%**	**95%**	**NS%**	**NS%**	**NS%**	**74%**	**76%**
Outcome of FRS (RVF only)															
-----closed and dry	2	0	14	0	16	2	1	1	1	5	NS	NS	NS	1	1
-----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	NS	NS	NS	0	0
-----incontinent with firm stool	0	0	0	2	2	0	0	0	0	0	NS	NS	NS	0	0
% with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**0%**	**89%**	**100%**	**0%**	**100%**	**100%**	**125%**	**NS%**	**NS%**	**NS%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**86%**	**95%**	**93%**	**90%**	**91%**	**83%**	**100%**	**100%**	**100%**	**95%**	**NS%**	**NS%**	**NS%**	**76%**	**76%**
No. with complications after FRS	0	0	0	0	0	0	0	0	1	1	NS	NS	NS	0	0
---Major surgical complications	0	0	0	0	0	0	0	0	1	1	NS	NS	NS	0	0
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	NS	NS	NS	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	NS	NS	NS	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**5%**	**1%**	**NS%**	**NS%**	**NS%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC (Continued)

	Katako Kombe					Kaziba					Lodja				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	NS	NS	NS	105	105	NS	n/a	n/a	78	78	NS	NS	NS	88	88
No. requiring FRS	NS	NS	NS	87	87	NS	n/a	n/a	62	62	NS	NS	NS	82	82
No. receiving FRS	**NS**	**NS**	**NS**	**87**	**87**	**30**	**30**	**30**	**62**	**152**	**NS**	**NS**	**NS**	**82**	**82**
Percent receiving FRS	**n/a%**	**n/a%**	**n/a%**	**100%**	**100%**	**n/a%**	**n/a%**	**n/a%**	**100%**	**245%**	**n/a%**	**n/a%**	**n/a%**	**100%**	**100%**
Type of FRS performed															
-----urinary only	NS	NS	NS	79	79	27	29	28	54	138	NS	NS	NS	74	74
-----urinary & RVF	NS	NS	NS	8	8	1	0	1	0	2	NS	NS	NS	8	8
-----RVF only	NS	NS	NS	0	0	2	1	1	8	12	NS	NS	NS	0	0
For 'Urinary only' or 'Urinary and RVF' repairs															
---first repair	NS	NS	NS	77	77	16	19	17	n/a	52	NS	NS	NS	71	71
---second repair	NS	NS	NS	4	4	7	5	6	n/a	18	NS	NS	NS	5	5
---->2	NS	NS	NS	6	6	5	5	6	n/a	16	NS	NS	NS	6	6
% women with first repair (urinary only)	**n/a%**	**n/a%**	**n/a%**	**89%**	**89%**	**57%**	**66%**	**59%**	**n/a%**	**37%**	**n/a%**	**n/a%**	**n/a%**	**87%**	**87%**
No. discharged after FRS (urinary only)	NS	NS	NS	81	81	27	29	28	54	138	NS	NS	NS	74	74
No. discharged after FRS (urinary & RVF)	NS	NS	NS	6	6	1	0	1	0	2	NS	NS	NS	8	8
No. discharged after FRS (RVF only)	NS	NS	NS	0	0	2	1	1	8	12	NS	NS	NS	0	0
Total no. discharged after FRS	**NS**	**NS**	**NS**	**87**	**87**	**30**	**30**	**30**	**62**	**152**	**NS**	**NS**	**NS**	**82**	**82**
# not discharged after FRS	NS	NS	NS	0	0	0	0	0	0	0	NS	NS	NS	0	0
Outcome of FRS (urinary only & urinary/RVF)															
---No. with closed fistula who are dry	NS	NS	NS	81	81	23	25	23	n/a	71	NS	NS	NS	74	74
---No. with closed fistula & stress incontinence	NS	NS	NS	0	0	1	0	1	n/a	2	NS	NS	NS	3	3

	Katako Kombe					Kaziba					Lodja				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
----No. whose fistula was not closed	NS	NS	NS	6	6	4	4	5	n/a	13	NS	NS	NS	5	5
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**NS%**	**NS%**	**NS%**	**93%**	**93%**	**82%**	**86%**	**79%**	**n/a%**	**51%**	**NS%**	**NS%**	**NS%**	**90%**	**90%**
Outcome of FRS (RVF only)															
----closed and dry	NS	NS	NS	0	0	2	1	1	n/a	4	NS	NS	NS	0	0
----incontinent with water stool and /or flatus (gas)	NS	NS	NS	0	0	0	0	0	n/a	0	NS	NS	NS	0	0
----incontinent with firm stool	NS	NS	NS	0	0	0	0	0	n/a	0	NS	NS	NS	0	0
Percent with closed and dry fistula (RVF only)	**NS%**	**NS%**	**NS%**	**0%**	**0%**	**100%**	**100%**	**100%**	**n/a%**	**33%**	**NS%**	**NS%**	**NS%**	**0%**	**0%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**NS%**	**NS%**	**NS%**	**93%**	**93%**	**83%**	**87%**	**80%**	**0%**	**49%**	**NS%**	**NS%**	**NS%**	**90%**	**90%**
No. with complications after FRS	NS	NS	NS	0	0	2	3	2	13	20	NS	NS	NS	0	0
----Major surgical complications	NS	NS	NS	0	0	1	2	1	13	17	NS	NS	NS	0	0
----Anesthesia-related complication	NS	NS	NS	0	0	0	1	1	0	2	NS	NS	NS	0	0
----Post-operative complication related to perceived success of surgery	NS	NS	NS	0	0	1	0	0	0	1	NS	NS	NS	0	0
Percent with complications after FRS	**NS%**	**NS%**	**NS%**	**0%**	**0%**	**7%**	**10%**	**7%**	**21%**	**13%**	**NS%**	**NS%**	**NS%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC (Continued2)

	Luiza					Malemba Kulu					MSRK				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	NS	NS	NS	32	32	NS	NS	NS	n/a	n/a	32	34	27	70	163
No. requiring FRS	NS	NS	NS	32	32	NS	NS	NS	n/a	n/a	32	34	27	70	163
No. receiving FRS	**NS**	**NS**	**NS**	**28**	**28**	**NS**	**NS**	**NS**	**60**	**60**	**32**	**29**	**24**	**66**	**151**
Percent receiving FRS	n/a	n/a	n/a	**88%**	**88%**	n/a	n/a	n/a	n/a	n/a	**100%**	**85%**	**89%**	**94%**	**93%**
Type of FRS performed															
---urinary only	NS	NS	NS	26	26	NS	NS	NS	n/a	n/a	21	29	24	66	140
---urinary & RVF	NS	NS	NS	2	2	NS	NS	NS	n/a	n/a	0	0	0	0	0
---RVF only	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	11	0	0	0	11
For 'Urinary only' or 'Urinary and RVF' repairs															
---first repair	NS	NS	NS	24	24	NS	NS	NS	n/a	n/a	16	29	24	66	135
---second repair	NS	NS	NS	4	4	NS	NS	NS	n/a	n/a	5	0	0	0	5
--->2	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
% women with first repair (urinary only)	**n/a%**	**n/a%**	**n/a%**	**86%**	**86%**	**n/a%**	**n/a%**	**n/a%**	**n/a**	**n/a**	**76%**	**100%**	**100%**	**100%**	**96%**
No. discharged after FRS (urinary only)	NS	NS	NS	26	26	NS	NS	NS	n/a	n/a	21	29	24	66	140
No. discharged after FRS (urinary & RVF)	NS	NS	NS	2	2	NS	NS	NS	n/a	n/a	0	0	0	0	0
No. discharged after FRS (RVF only)	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	11	0	0	0	11
Total no. discharged after FRS	**NS**	**NS**	**NS**	**28**	**28**	**NS**	**NS**	**NS**	**n/a**	**n/a**	**32**	**29**	**24**	**66**	**151**
No. not discharged after FRS	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)															
----No. with closed fistula who are dry	NS	NS	NS	25	25	NS	NS	NS	n/a	n/a	19	28	24	66	137
----No. with closed fistula & stress incontinence	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0

	Luiza					Malemba Kulu					MSRK				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
----No. whose fistula was not closed	NS	NS	NS	3	3	NS	NS	NS	n/a	n/a	2	1	0	0	3
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**NS%**	**NS%**	**NS%**	**89%**	**89%**	**NS%**	**NS%**	**NS%**	n/a	n/a	**90%**	**97%**	**100%**	**100%**	**98%**
Outcome of FRS (RVF only)															
----closed and dry	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	10	0	0	0	10
----incontinent with water stool and /or flatus (gas)	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	1	0	0	0	1
-----incontinent with firm stool	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**NS%**	**NS%**	**NS%**	**0%**	**0%**	**NS%**	**NS%**	**NS%**	n/a	n/a	**91%**	**0%**	**0%**	**0%**	**91%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**NS%**	**NS%**	**NS%**	**89%**	**89%**	**NS%**	**NS%**	**NS%**	n/a	n/a	**91%**	**97%**	**100%**	**100%**	**97%**
No. with complications after FRS	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
-----Major surgical complications	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
----Anesthesia-related complication	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	NS	NS	NS	0	0	NS	NS	NS	n/a	n/a	0	0	0	0	0
% with complications after FRS	**NS%**	**NS%**	**NS%**	**0%**	**0%**	**NS%**	**NS%**	**NS%**	n/a	n/a	**0%**	**0%**	**0%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC (Continued3)

	Mutombo					Panzi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	31	29	17	15	92	277	355	110	41	783
No. requiring FRS	26	26	13	15	80	235	333	73	41	682
No. receiving FRS	**26**	**26**	**13**	**15**	**80**	**190**	**214**	**58**	**38**	**500**
Percent receiving FRS	**100%**	**100%**	**100%**	**100%**	**100%**	**81%**	**64%**	**79%**	**93%**	**73%**
Type of FRS performed										
-----urinary only	25	26	13	15	79	169	192	42	31	434
-----urinary & RVF	1	0	0	0	1	7	0	3	1	11
-----RVF only	0	0	0	0	0	14	22	13	6	55
For 'Urinary only' or 'Urinary and RVF' repairs										
-----first repair	23	23	10	13	69	153	161	33	17	364
-----second repair	3	1	2	2	8	14	21	4	7	46
----->2	0	2	1	0	3	9	10	8	8	35
Percent women with first repair (urinary only)	**88%**	**88%**	**77%**	**87%**	**86%**	**87%**	**84%**	**73%**	**53%**	**82%**
No. discharged after FRS (urinary only)	23	21	16	13	73	169	192	42	31	434
No. discharged after FRS (urinary & RVF)	3	0	0	0	3	7	0	3	1	11
No. discharged after FRS (RVF only)	0	0	0	0	0	14	22	13	6	55
Total no. discharged after FRS	**26**	**21**	**16**	**15**	**78**	**190**	**214**	**58**	**38**	**500**
# not discharged after FRS	0	5	2	2	9	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)										
---No. with closed fistula who are dry	21	18	13	13	65	163	182	41	26	412
---No. with closed fistula & stress incontinence	1	1	1	0	3	6	1	2	2	11
---No. whose fistula was not closed	4	2	2	2	10	7	9	2	4	22
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**81%**	**86%**	**81%**	**100%**	**86%**	**93%**	**95%**	**91%**	**81%**	**93%**
Outcome of FRS (RVF only)										
-----closed and dry	0	0	0	0	0	14	22	13	5	54
-----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
------incontinent with firm stool	0	0	0	0	0	0	0	0	1	1

	Mutombo					Panzi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**	**83%**	**98%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**81%**	**86%**	**81%**	**87%**	**83%**	**93%**	**95%**	**93%**	**82%**	**93%**
No. with complications after FRS	2	0	1	0	3	0	0	0	0	0
---Major surgical complications	2	0	1	0	3	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**8%**	**0%**	**6%**	**0%**	**4%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC (Continued4)

	St. Joseph					Tshikaji				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	31	41	72	38	182	NS	NS	NS	n/a	n/a
No. requiring FRS	30	37	58	32	157	NS	NS	NS	n/a	n/a
No. receiving FRS	**23**	**28**	**51**	**22**	**124**	**NS**	**NS**	**NS**	**49**	**49**
Percent receiving FRS	**77%**	**76%**	**88%**	**69%**	**79%**	**n/a%**	**n/a%**	**n/a%**	**n/a%**	**0%**
Type of FRS performed										
---------- urinary only	23	25	45	21	114	NS	NS	NS	n/a	n/a
---------- urinary & RVF	0	1	4	1	6	NS	NS	NS	n/a	n/a
---------- RVF only	0	2	2	0	4	NS	NS	NS	n/a	n/a
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	16	16	40	19	91	NS	NS	NS	n/a	n/a
---------- second repair	3	5	3	2	13	NS	NS	NS	n/a	n/a
---------- >2	4	5	6	1	16	NS	NS	NS	n/a	n/a
Percent women with first repair (urinary only)	**70%**	**62%**	**82%**	**86%**	**76%**	**n/a%**	**n/a%**	**n/a%**	**n/a%**	n/a
No. discharged after FRS (urinary only)	20	25	41	16	102	NS	NS	NS	n/a	n/a

	St. Joseph					Tshikaji				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. discharged after FRS (urinary & RVF)	0	1	4	0	5	NS	NS	NS	n/a	n/a
No. discharged after FRS (RVF only)	0	2	2	0	4	NS	NS	NS	n/a	n/a
Total no. discharged after FRS	**20**	**28**	**47**	**22**	**117**	**NS**	**NS**	**NS**	**n/a**	n/a
No. not discharged after FRS	3	3	6	6	18	NS	NS	NS	n/a	n/a
Outcome of FRS (urinary only & urinary/RVF)										
-----No. with closed fistula who are dry	15	18	42	18	93	NS	NS	NS	n/a	n/a
-----No. with closed fistula & stress incontinence	1	4	2	1	8	NS	NS	NS	n/a	n/a
-----No. whose fistula was not closed	4	4	1	3	12	NS	NS	NS	n/a	n/a
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**75%**	**69%**	**93%**	**113%**	**87%**	**NS%**	**NS%**	**NS%**	**n/a%**	n/a
Outcome of FRS (RVF only)										
-----closed and dry	0	2	2	0	4	NS	NS	NS	n/a	n/a
-----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	NS	NS	NS	n/a	n/a
-----incontinent with firm stool	0	0	0	0	0	NS	NS	NS	n/a	n/a
% with closed and dry fistula (RVF only)	**0%**	**100%**	**100%**	**0%**	**100%**	**NS%**	**NS%**	**NS%**	**n/a%**	n/a
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**75%**	**71%**	**94%**	**82%**	**83%**	**NS%**	**NS%**	**NS%**	**n/a%**	n/a
No. with complications after FRS	2	0	3	3	8	NS	NS	NS	n/a	n/a
-----Major surgical complications	0	0	3	2	5	NS	NS	NS	n/a	n/a
-----Anesthesia-related complication	0	0	0	0	0	NS	NS	NS	n/a	n/a
-----Post-operative complication related to perceived success of surgery	2	0	0	1	3	NS	NS	NS	n/a	n/a
% with complications after FRS	**10%**	**0%**	**6%**	**14%**	**7%**	**NS%**	**NS%**	**NS%**	**n/a%**	n/a

Table DRC 1. Clinical Indicators by Site, October 2011 – September 2012, DRC (Continued5)

	Uvira					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	NS	NS	NS	n/a	n/a	466	523	395	803	2187
No. requiring FRS	NS	NS	NS	n/a	n/a	406	484	271	695	1856
No. receiving FRS	**NS**	**NS**	**NS**	**13**	**13**	**384**	**381**	**276**	**701**	**1742**
Percent receiving FRS	**n/a%**	**n/a%**	**n/a%**	**n/a%**	n/a	**95%**	**79%**	**102%**	**101%**	**94%**
Type of FRS performed										
---------- urinary only	NS	NS	NS	n/a	n/a	342	355	234	540	1471
---------- urinary & RVF	NS	NS	NS	n/a	n/a	11	1	10	21	43
---------- RVF only	NS	NS	NS	n/a	n/a	31	25	32	18	106
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	NS	NS	NS	n/a	n/a	277	291	173	433	1174
---------- second repair	NS	NS	NS	n/a	n/a	53	38	31	40	162
---------- >2	NS	NS	NS	n/a	n/a	23	27	40	34	124
% women with first repair (urinary only)	**n/a%**	**n/a%**	**n/a%**	**n/a%**	n/a	**78%**	**82%**	**71%**	**77%**	**78%**
No. discharged after FRS (urinary only)	NS	NS	NS	n/a	n/a	333	354	232	530	1449
No. discharged after FRS (urinary & RVF)	NS	NS	NS	n/a	n/a	13	1	10	18	42
No. discharged after FRS (RVF only)	NS	NS	NS	n/a	n/a	31	25	31	18	105
Total no. discharged after FRS	**NS**	**NS**	**NS**	**n/a**	n/a	**377**	**380**	**273**	**575**	**1605**
No. not discharged after FRS	NS	NS	NS	n/a	n/a	7	8	10	14	39
Outcome of FRS (urinary only & urinary/RVF)										
----No. with closed fistula who are dry	NS	NS	NS	n/a	n/a	304	326	220	454	1304
----No. with closed fistula & stress incontinence	NS	NS	NS	n/a	n/a	14	7	8	16	45
----No. whose fistula was not closed	NS	NS	NS	n/a	n/a	28	22	14	33	97
% with closed fistula who are dry (urinary only & urinary/RVF)	**NS%**	**NS%**	**NS%**	**n/a%**	n/a	**88%**	**92%**	**91%**	**83%**	**88%**
Outcome of FRS (RVF only)										
-----closed and dry	NS	NS	NS	n/a	n/a	30	26	31	7	94
-----incontinent with water stool and /or flatus (gas)	NS	NS	NS	n/a	n/a	1	0	0	0	1

	Uvira					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----incontinent with firm stool	NS	NS	NS	n/a	n/a	0	0	0	3	3
% with closed and dry fistula (RVF only)	**NS%**	**NS%**	**NS%**	**n/a%**	n/a	**97%**	**104%**	**100%**	**39%**	**90%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**NS%**	**NS%**	**NS%**	**n/a%**	n/a	**89%**	**93%**	**92%**	**80%**	**87%**
No. with complications after FRS	NS	NS	NS	n/a	n/a	6	3	6	17	32
----Major surgical complications	NS	NS	NS	n/a	n/a	3	2	5	16	26
----Anesthesia-related complication	NS	NS	NS	n/a	n/a	0	1	1	0	2
----Post-operative complication related to perceived success of surgery	NS	NS	NS	n/a	n/a	3	0	0	1	4
Percent with complications after FRS	**NS%**	**NS%**	**NS%**	**n/a%**	n/a	**2%**	**1%**	**2%**	**3%**	**2%**

Table DRC 2. Number of Persons Trained by Topic, October 2011 – September 2012, DRC

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Mutombo					
Data for Decision Making	5	0	0	0	**5**
Continuing training in fistula repair	0	3	3	3	**3**[57]
Pre- and post-operative care	0	6	0	0	**6**
EmOC	0	0	9	12	**21**
HEAL					
Continuing training in fistula repair	0	1	1	0	**1**[58]
Partograph supervision	0	30	0	0	**30**
COPE ToT	0	2	0	0	**2**
Family planning	0	20	0	0	**20**
IGL					
COPE ToT	0	1	0	0	**1**
Family planning	0	17	0	0	**17**
Partograph	0	0	0	20	**20**
MSRK					
COPE ToT	0	1	0	0	**1**
Family planning	0	20	0	0	**20**
Partograph	0	0	0	20	**20**
Panzi					
First training in fistula repair	2	0	0	0	**2**
Continuing training in fistula repair	0	2	0	2	**2**[59]
Pre- and post-operative care	4	4	0	0	**4**[60]
Infection prevention	0	23	0	0	**23**
COPE ToT	0	2	0	0	**2**
Family planning	0	20	0	0	**20**
EmOC	0	0	90	0	**90**
St. Josephs					
Data for Decision Making	5	0	0	0	**5**
COPE ToT	0	4	0	0	**4**
First training in fistula repair	0	0	1	0	**1**
Continuing training in fistula repair	0	0	0	1	**1**[61]
Pre- and post-operative care	0	0	2	0	**2**
EmOC	0	0	41	0	**41**
TOTAL	**16**	**156**	**147**	**58**	**361**[62]

[57] The same three surgeons received continuing training in the second and third quarters.
[58] The same surgeon received training in the second and third quarters at HEAL.
[59] The same two surgeons received first training in the first and continuing training in the second and fourth quarters at Panzi and are therefore only counted once in the FY total.
[60] The same individuals received pre- and post-operative training in the first two quarters at Panzi and are therefore only counted once in the FY total.
[61] The same surgeon received first training in the third quarter and continuing training in the fourth quarter and is therefore only counted once in the FY total..
[62] As noted in earlier footnotes, the FY total does not double count the surgeons and staff receiving training over multiple quarters and therefore does not equal the sum of the totals for each respective quarter.

Table DRC 3. Number of Community Outreach Events and Persons Reached, October 2011 - September 2012, DRC

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community meetings at HBMM	0	0	2	86	1	43	0	0	**3**	**129**
Awareness raising (Panzi)	0	0	0	0	2	217	1	185	**3**	**402**
Meeting at CASC (Centre d'Animation Socioculturelle de Tshimbulu) to educate and help recruit community members (St. Joseph)	0	0	0	0	1	15	0	0	**1**	**15**
Awareness raising for female members of the Presbyterian Church (St. Joseph)	0	0	0	0	0	0	1	45	**1**	**45**
Medical Student orientation on obstetric fistula (St. Joseph)	0	0	0	0	0	0	1	38	**1**	**38**
Total	**0**	**0**	**2**	**86**	**4**	**275**	**3**	**268**	**9**	**629**

Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by site, October 2011 – September 2012, DRC

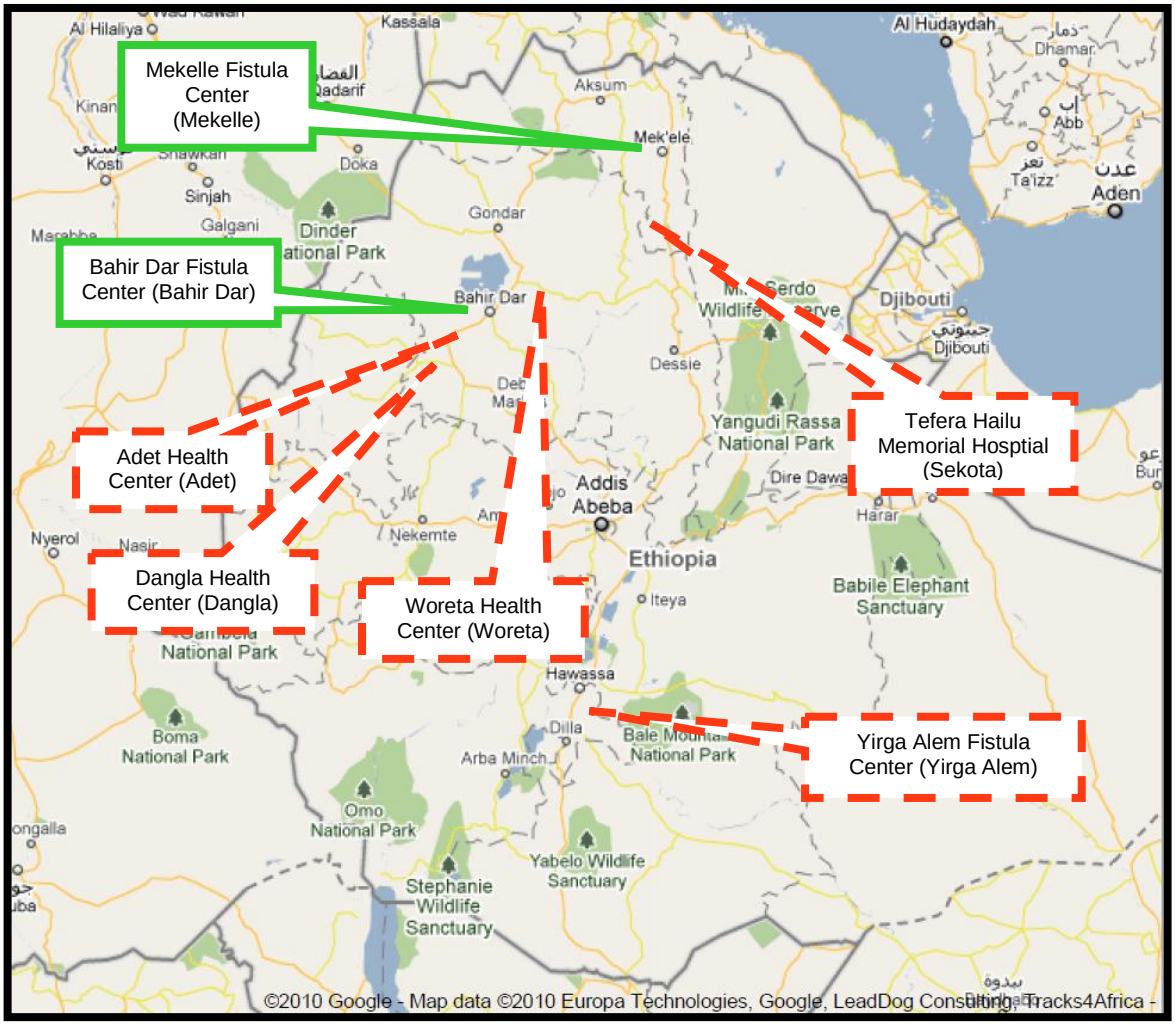
FP Methods	HEAL Africa	IGL	MSRK[63]	Mutombo	Panzi	St. Joseph	Country Total
Oral Pill	1,507	47	0	7	259	0	**1,820**
IUCD	24	2	0	8	60	1	**95**
Condom (male)	572	303	203	59	79	0	**1,216**
Condom (female)	0	2	0	2	5	0	**9**
Injectable	2,004	32	0	117	3	0	**2,156**
Implant	184	21	3	32	553	0	**793**
Tubal Ligation	39	14	0	4	153	14	**224**
Vasectomy	0	0	0	0	4	0	**4**
Foaming Tablets	0	0	0	0	0	8	**8**
Total FP acceptors	**4,330**	**421**	**206**	**229**	**1116**	**23**	**6,325**
Total Number of clients counseled about FP methods	8,495	710	375	200	1485	278	**11,543**

[63] Only fourth quarter data available.

Table DRC 5. Obstetric Services, by site. October 2011 – September 2012, DRC

	HEAL Africa	IGL	MSRK	Mutombo	Panzi	St. Joseph	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	1,254	316	1,214	228	2,911	2,075	**7,998**
Number of C sections	186	28	134	110	910	1,410	**2,778**
Total Number of deliveries	**1,440**	**344**	**1,348**	**338**	**3,821**	**3,485**	**10,776**
Percent deliveries by C section	13%	8%	10%	33%	24%	40%	**26%**

ETHIOPIA


Mekelle Fistula Center (Mekelle)
Bahir Dar Fistula Center (Bahir Dar)
Adet Health Center (Adet)
Dangla Health Center (Dangla)
Woreta Health Center (Woreta)
Tefera Hailu Memorial Hosptial (Sekota)
Yirga Alem Fistula Center (Yirga Alem)
Addis Abeba
Ethiopia
Djibouti
Aden
Al Hudaydah
Bahir Dar
Gondar
Dessie
Dire Dawa
Harar
Hawassa
Nekemte
Yangudi Rassa National Park
Babile Elephant Sanctuary
Bale Mountains National Park
Omo National Park
Yabelo Wildlife Sanctuary
Stephanie Wildlife Sanctuary
Boma National Park
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PROGRAM ACHIEVEMENT SNAPSHOT ETHIOPIA	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	2006, through the ACQUIRE Project
Supported Sites	Four pre-repair units (PRU) in Amhara Region are supported by Fistula Care: • Adet Health Center • Dangla Health Center • Tefera Hailu Memorial Hospital (Sekota) • Woreta Health Center Two sites for repairs and one site for outreach prevention are directly supported by USAID/Ethiopia through Hamlin Fistula Ethiopia: • Bahir Dar Fistula Center (Amhara Region) for repairs • Mekelle Fistula Center (Tigray Region) for repairs • Yirga Alem Center (SNNPR) for prevention
Background	USAID support to Ethiopia, through EngenderHealth, began in 2006, with funds provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth International, to collaborate with the Addis Ababa Fistula Hospital (now named Hamlin Fistula Ethiopia) in selected facilities outside of Addis Ababa. In April 2007, the USAID Mission directed funds to IntraHealth International through the Expanding Service Delivery (ESD) Project and continued direct funding to the Addis Ababa Fistula Hospital. ESD funding ended in 2008. Since that time, Fistula Care has supported the pre-repair center work implemented by IntraHealth. Fistula Care supports and strengthens four referral/pre-repair units (PRU) in the Amhara region. Three are located within existing health centers and refer cases to the Bahir Dar Hamlin Hospital. One PRU is within a hospital and refers to Mekelle Hamlin Hospital. These centers also focus on fistula prevention activities in their surrounding communities.
Treatment strategies (Result 1)	Community volunteers identify and refer fistula patients to the pre-repair units, where patients receive care prior to being referred to the Bahir Dar Fistula Center for surgery. The PRUs provide nutritional support, treatment of infections, pre-repair counseling, transport to the hospital for repair, and post-repair visits to ensure that women are well integrated back into their communities. During FY12: • 293 women were referred with incontinence from the community to the PRUs. • Of women referred for incontinence, 204 women were referred by the PRUs for fistula-related services including repairs and additional care. • Referral services were interrupted in the third quarter due to insecure funding.
Prevention strategies (Result 2)	Women who have fistula surgery are counseled about family planning post-repair and referred as necessary to the attached health center for methods. During FY12: • The Fistula Mentors regularly monitor partograph use at their sites

	and provide ongoing feedback to the staff. 97% of partographs were completed appropriately. • The project team has successfully advocated for the Fistula Care training package to be integrated into 19 health science colleges' (HSC) midwifery courses to ensure that fistula and partograph use are emphasized during in-service training. The training package is also available in the colleges' library for students to use as reference material. The Hamlin Prevention Officers are also using the training materials for their trainings. • PRUs carried out training for 766 health workers and management staff, and 1139 community volunteers. • Over 5,500 community outreach activities were carried out, reaching over 687,000 individuals. • 197 visits were conducted to post-repair patients to provide counseling on nutrition, family planning, personal hygiene and social reintegration. • The Dangla EmOC center's management and support was fully transitioned to the Ministry of Health. Fistula Care is no longer supporting the service. • The project began transition workshops to establish commitment from participants to continue the project's outreach activities and to identify and refer women with fistula to health centers or the Hamlin Hospital. In addition, the project submitted the list of trained health providers and community volunteers to the respective woredas so that they can utilize the trainees for future trainings.
Data utilization (Result 3)	During FY12: The Fistula Mentors held data review meetings with government staff. Fistula Mentors carried out joint supportive supervision visits and follow ups with government staff at eight health centers in the PRU catchment woredas. These visits are coordinated with other activities such as patient transport, trainings, community mobilization or review meetings as a cost saving measure. During follow up visits, focus was given to birth preparedness planning, recording and reporting, partograph usage, infection prevention and sanitation activities. In addition to routine data collection, two special studies took place; a costing study and a feasibility study to determine the practicality of comparing the health outcomes of women who receive care at the PRUs with those who do not. During November 2011, EH consultant, Shipra Srihari, traveled to Ethiopia to carry out a cost study on the Fistula Care project in Ethiopia. Her report and the summary cost study report have been shared with IntraHealth and the mission; the next step in Ethiopia will be to share the findings with Ministry of Health officials at the national, regional, and woreda levels, conveying what it would take for them to offer a pre-repair service and facilitating discussion about which aspects of the program will be sustained after the end of project funding. The conclusion of the feasibility study was that the design and resources required to address the hypotheses were prohibitive given the time

PROGRAM ACHIEVEMENT SNAPSHOT ETHIOPIA	
	period. The Fistula Care/WHO RCT on short term catheterization is being conducted at eight hospitals in sub Saharan Africa, including Gondar Hospital. This facility is supported by WAHA International and Fistula Care is supporting research implementation activities. Recruitment of women into the study began in the second quarter. For more information, see Result 3 under the global section of this report.
Policy work (Result 4)	During FY12, the project has begun transition of Fistula Care activities from IntraHealth to Woreda Health Offices where the project has been implementing activities. The team has developed an MOU to guide the transition process and to outline roles and responsibilities as the transition takes place. In addition, a monitoring tool has been developed to oversee the transition process and ensure that activities are implemented according to the project's timelines, standards and using project developed approaches, training materials and job aides.

KEY INDICATORS SNAPSHOT ETHIOPIA						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	108	206	152	n/a	n/a
	% women who had surgery who have closed fistula at discharge	67%	n/a	n/a	n/a	n/a
	% women who had surgery who experienced complications	0%	n/a	n/a	n/a	n/a
	# other health trained	1,380	235	260	525	2,400
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	1,269	1,606	1,592	1,123	5,590
	# persons reached in community outreach	142,702	192,868	210,738	141,113	687,421
	% labors monitored with partograph	96%	95%	98%	98%	97%
	# births	461	635	659	653	2,408
	% of births c section	0	0	0	0	0
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	50%	75%	0%	100%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	4	4	4	4	4
Data Trends and Explanations	Data from Hamlin Hospital was not available for the fourth quarter. Though the project is no longer responsible for the Dangla EmOC center, the project continues to advocate for its success due to ongoing difficulties with high turnover of Ob/Gyn mentors and the lack of a full time anesthetist. This shortage of experienced surgeons/OBGYNs is a nationwide problem, with many hospitals facing similar issues. Training numbers decreased in the second quarter because IntraHealth achieved its training targets and, at FC's request, has shifted focus to planning for the transition of PRU activities to health facility ownership. In the third quarter, implementation of all IntraHealth activities was stalled due to funding issues. In June 2012, all activities came to a standstill, with no admittances or transport to the PRUs. Therefore, there was a steep drop in the number of women with urinary and/or rectal incontinence referred from the community and no PRU training was carried out (only Hamlin Fistula Center training).					

Figure ETH 1. Total number of referrals for fistula repair surgeries by site and year, Ethiopia

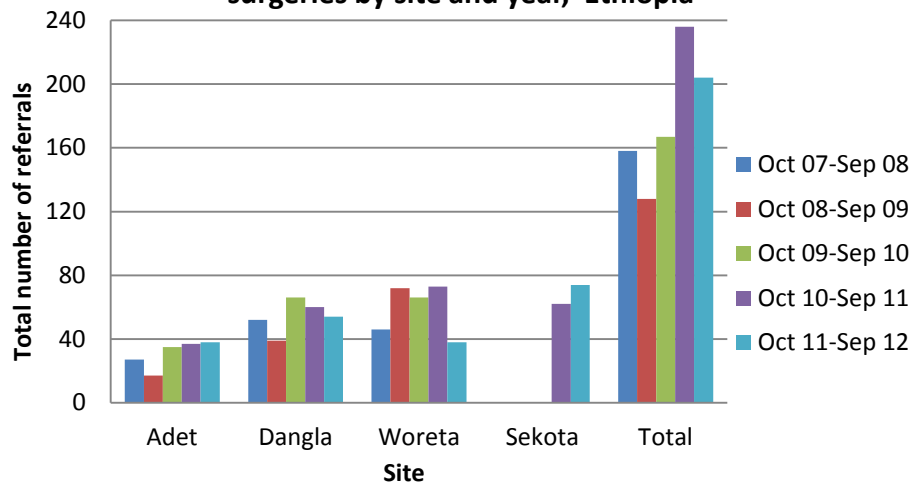


Figure ETH2. Total number of referrals for fistula repair surgeries by site and quarter, Oct 11-Sep 12,Ethiopia

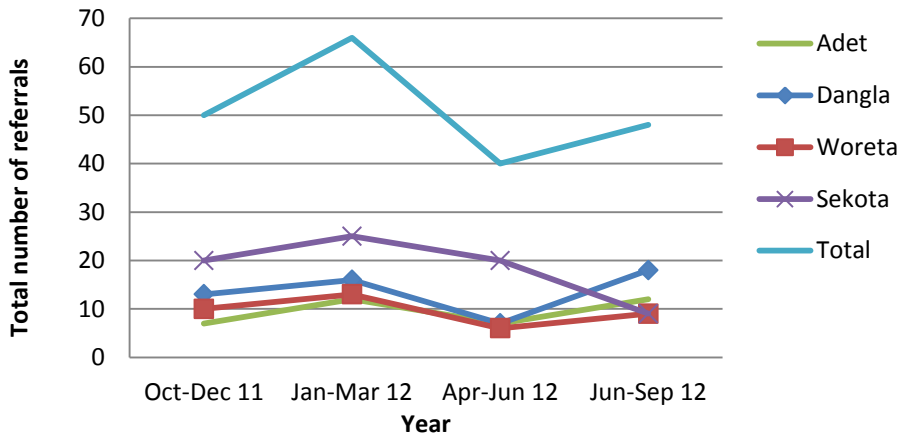


Figure ETH3. Total number of repairs by site and year, Ethiopia

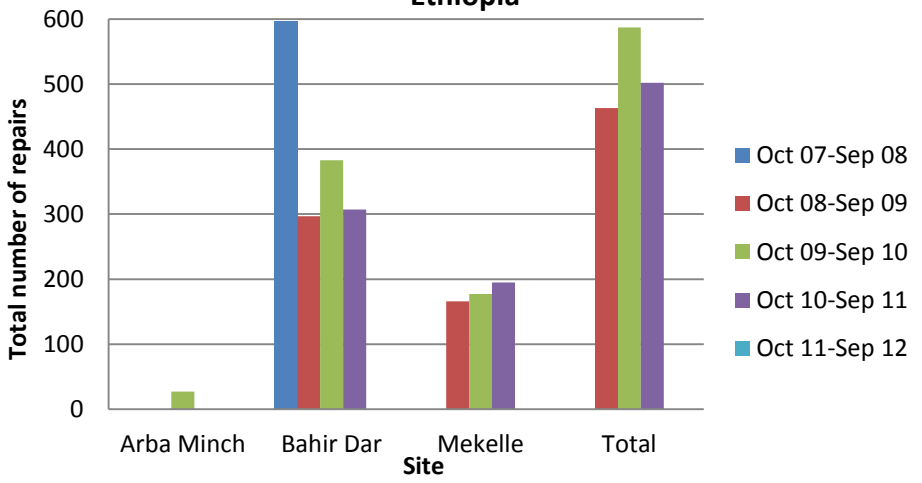
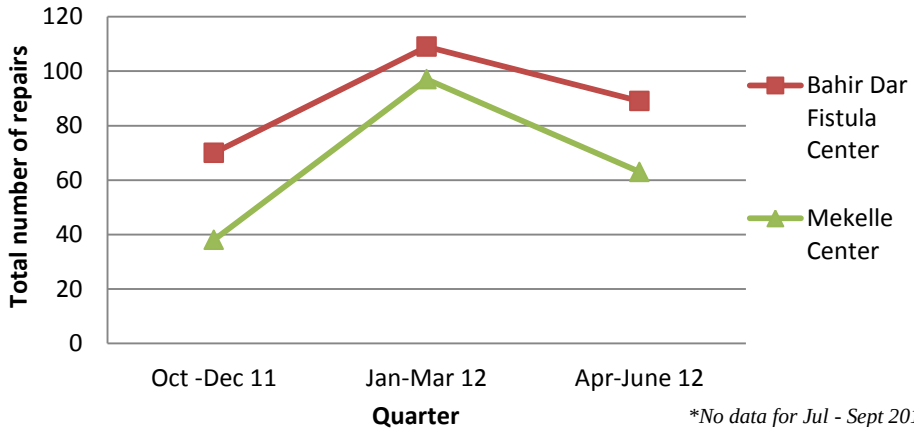


Figure ETH4. Total number of repairs by site and quarter, Oct 11-Sep 2012, Ethiopia



*No data for Jul - Sept 2012

Table ETH1. Number of Women seeking, requiring and referred for fistula repair
October 2011- September 2012, by Pre-Repair Center, Ethiopia

	Adet					Dangla					Woreta					Sekota					Country Total				
Fistula Screening	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**
No. referred with incontinence	14	21	8	24	**67**	15	24	11	19	**69**	16	21	7	11	**55**	28	28	27	19	**102**	73	94	53	73	**293**
No. diagnosed with fistula	7	12	7	12	**38**	14	14	4	18	**50**	13	12	6	10	**41**	20	24	19	13	**76**	54	62	36	53	**205**
No. referred for 1st FRS	5	12	6	11	**34**	12	13	4	18	**47**	10	12	6	8	**36**	18	22	18	8	**66**	45	59	34	45	**183**
No. referred for continuing FRS care	2	0	1	1	**4**	1	3	3	0	**7**	0	1	0	1	**2**	2	3	2	1	**8**	5	7	6	3	**21**
Total No. Referred	**7**	**12**	**7**	**12**	**38**	**13**	**16**	**7**	**18**	**54**	**10**	**13**	**6**	**9**	**38**	**20**	**25**	**20**	**9**	**74**	**50**	**66**	**40**	**48**	**204**

Table ETH2. Number Persons Trained by Topic
October 2011 – September 2012, Ethiopia

Training Topic	Oct- Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Pre Repair Centers Supported Training					
New training for health workers and management	155	20	0	504	679
Refresher training for health workers and management	21	8	0	0	29
New community volunteer training	507	84	0	0	591
Refresher community volunteer training	548	0	0	0	548
Training of trainers for health workers and management, nursing school instructors	37	0	0	21	58
Total Pre-Repair Centers Supported Training	**1,268**	**112**	**0**	**525**	**1,905**
Hamlin Fistula Hospital Supported Training					
Training of Health Workers	112	123	260	n/a	495
Total Hamlin Fistula Hospital Supported Training	**112**	**123**	**260**	**n/a**	**495**
Total Trained	**1,380**	**235**	**260**	**525**	**2,400**

Table ETH3. Number of Community Outreach Events and Persons Reached by Health Center Catchment Areas, October 2011 – September 2012, Ethiopia

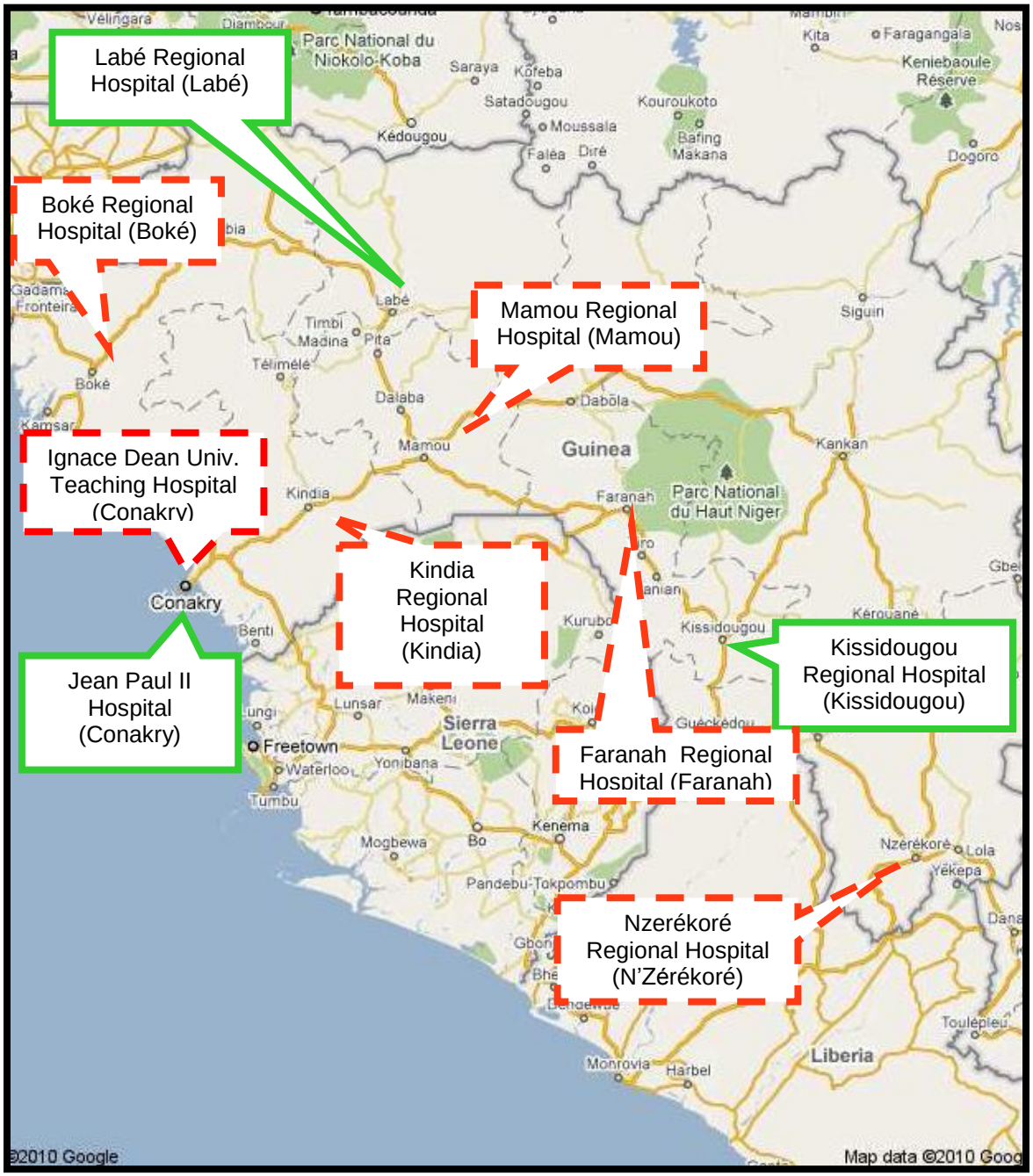
Catchment Areas	Oct-Dec		Jan – Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Pre Repair Center										
Adet	372	38,329	392	45,862	476	83,895	293	42,177	**1,533**	**210,263**
Dangla	501	67,599	693	91,948	596	77,389	449	57,524	**2,239**	**294,460**
Woreta	222	18,422	272	36,555	255	24,421	289	30,898	**1,038**	**110,296**
Sekota	174	18,248	249	18,396	265	24,549	92	10,514	**780**	**71,707**
Total Pre Repair Centers	**1,269**	**142,598**	**1,606**	**192,761**	**1,592**	**210,254**	**1,123**	**141,113**	**5,590**	**686,726**
Hamlin Hospital										
Hamlin data n/a	n/a	104	n/a	107	n/a	484	n/a	n/a	**n/a**	**n/a**
Total	**1,269**	**142,702**	**1,606**	**192,868**	**1,592**	**210,738**	**1,123**	**141,113**	**5590**	**687,421**

Table ETH4. Deliveries and Use of the Partograph, Pre Repair Health Centers, October 2011 to September 2012, Ethiopia

	Adet					Dangla					Woreta					Sekota					Country Total				
Fistula Screening	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**FY Total**
# women delivered at health facility	249	237	331	365	**1182**	247	347	340	304	**1238**	166	152	165	192	**675**	159	184	188	134	**665**	821	920	1024	995	**3760**
Health post	90	85	94	110	**379**	69	94	87	70	**320**	40	30	16	31	**117**	1	4	4	6	**15**	200	213	201	217	**831**
Upgraded health ctr	60	49	134	120	**363**	82	0	0	0	**82**	7	0	0	0	**7**	11	23	30	5	**69**	160	72	164	125	**521**
Health ctr	99	103	103	135	**440**	96	253	253	234	**836**	119	122	149	161	**551**	147	157	154	123	**581**	461	635	659	653	**2408**
# women arriving at HC fully dilated (partograph not used)	93	69	135	118	**415**	106	104	136	81	**427**	71	53	59	59	**242**	17	27	12	9	**65**	287	253	342	267	**1149**
# labors monitored with partograph	66	71	100	136	**373**	72	149	117	153	**491**	49	67	90	100	**306**	141	153	172	119	**585**	328	440	479	508	**1755**
#/% of labors monitored with partograph which were done correctly[64]	60 91%	67 94%	99 99%	134 99%	**360** **97%**	69 96%	141 95%	116 99%	153 100%	**479** **98%**	48 98%	65 97%	89 99%	97 97%	**299** **98%**	138 98%	145 95%	167 97%	114 96%	**564** **96%**	315 96%	418 95%	471 98%	498 98%	**1702** **97%**
# women with obstructed labor referred from HC to regional hospital	21	13	19	11	**64**	17	13	10	10	**50**	7	19	22	13	**61**	4	10	3	11	**28**	49	55	54	45	**203**

[64] Based on the number of women who delivered at health center and who arrived NOT fully dilated and for whom the partograph was used to monitor labor.

GUINEA


Labé Regional Hospital (Labé)
Boké Regional Hospital (Boké)
Mamou Regional Hospital (Mamou)
Ignace Dean Univ. Teaching Hospital (Conakry)
Kindia Regional Hospital (Kindia)
Jean Paul II Hospital (Conakry)
Kissidougou Regional Hospital (Kissidougou)
Faranah Regional Hospital (Faranah)
Nzerékoré Regional Hospital (N'Zérékoré)
Parc National du Niokolo-Koba
Parc National du Haut Niger
Guinea
Sierra Leone
Liberia
Conakry
Freetown
Monrovia
Kédougou
Labé
Boké
Mamou
Dalaba
Pita
Timbi Madina
Télimélé
Kindia
Faranah
Kissidougou
Guéckédou
Kankan
Siguiri
Dabola
Kérouané
Kenema
Bo
Kenieba
Réserve
Dogoro
Kouroukoto
Bafing Makana
Moussala
Koféba
Saraya
Satadougou
Faléa
Diré
Kita
Faragangala
Yekepa
Lola
Nzérékoré
Toulépleu
Harbel
Pandebu-Tokpombu
Mogbewa
Yonibana
Waterloo
Tumbu
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Benti
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PROGRAM ACHIEVEMENT SNAPSHOT GUINEA	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	January 2006 through the ACQUIRE Project
Supported Sites	9 Public sector facilities for fistula repair and prevention: • Repair: Jean Paul II Maternity Hospital, Conakry; Kissidougou District Hospital; Labé Regional Hospital • Prevention: Ignace Deen University Teaching Hospital, Conakry; Boké Regional Hospital; Kindia Regional Hospital; Mamou Regional Hospital; Farannah Regional Hospital; N'Zérékoré Regional Hospital
Background	The program has been actively supported by the USAID/G democracy and good governance strategy. USAID supports 4 of the 5 fistula repair centers in the country (UNFPA supports one center at Kankan). A description of the program was published as a *Technical Brief* in 2010.
Treatment strategies (Result 1)	Fistula Care has a MOU with the Geneva Foundation for Medical Education and Research (GFMER) to support training of fistula surgeons. Surgeons from GFMER travel to Guinea four times a year to lead training sessions. Other training and repair sessions are led by national trainers. A total of 14 surgeons are continuing their training progressing from simple to more complex repairs. Routine repair services are also provided at three hospitals. During FY12: • A total of 10 national sessions, 5 GFMER-assisted sessions, and 2 international sessions were conducted in addition to routine repairs. • 497 fistula repairs were supported, with a closed and dry rate of 80%. This represents an 8% increase in repairs from FY11 (459 repairs) and a decrease in the closed and dry rate (89% in FY11). The percentage of first time repairs has decreased from 75% in FY11 to 56% in FY12. • 5 surgeons received continuing training in fistula repair and 44 individuals were trained in infection prevention and waste management.
Prevention strategies (Result 2)	The Levels of Care Framework for fistula services is being implemented with 6 regional hospitals serving as sites for prevention. Guinea has two major community-related activities: The Village Safe Motherhood Committee (VSMC) activities and the reintegration programs of Kissidougou and Labé. The village committees provide outreach that has resulted in increased attendance for antenatal care visits and community sensitization around issues related to fistula. The reintegration program works with host families to address the social isolation of women living with fistula, providing them with a home upon discharge while they reintegrate into their communities. In FY12, EngenderHealth received private funds to carry out trainings in Boké as part of the start-up of VSMC activities in this region. During FY12: • 41 healed women were hosted by voluntary families in Labé and Kissidougou. • Kissidougou and Labé village committee outreach efforts reached over 47,000 individuals to raise awareness about fistula prevention and

	treatment. • Religious leaders reached over 129,000 people through activities in churches and mosques. • The work of the Village Safe Motherhood Committees was refined following guidance from Senior Technical Advisor Ellen Brazier, including the development of a training guide, a birth preparedness card for use by village committee members in advising pregnant women and their families about key preparations for childbirth and a set of community dialogue tools to use in leading discussions about root causes of poor maternal health and priorities for community action. These tools have been distributed to all active committees and together with the community committee training curriculum will be finalized in FY13. • A training of trainers was conducted for the new Village Safe Motherhood Committees that are being launched in Boké. FC will work with CEFACAM[65], a local NGO with whom it has previously worked on several maternal health initiatives since 2004. • Construction of a maternity expansion at Kissidougou Hospital was initiated in the third quarter using funds secured by the Mayor of Kissidougou from the USAID mission in order to address the significant backlog of fistula clients. The Disabilities Project, funded bilaterally through USAID/Guineato EngenderHealth ended in September 2012. Major accomplishments of this project are: • 357 women with fistula identified • 26 Women Living with Obstetric Fistula Organizations (WLFOs) formed • 6 WLFO networks formed • 303 women trained in entrepreneurial development • 217 women trained in communication skills • 47,700 people reached through community awareness campaigns • 15 institutions reached through advocacy activities
Data utilization (Result 3)	Guinea participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean

[65] CEFACAM: Centre d'Encadrement et de Formation Amie Camara; CEFACAM focuses on empowerment, advocacy and community mobilization.

	record review. A national dissemination meeting to present the findings from the prospective study was held in February 2012. Findings from the cesarean record review study were presented to participating facilities and final reports were disseminated at the end of the fiscal year. An in depth evaluation of the levels of care strategy as well as the community intervention activities employed by the Guinea program was undertaken in the last half of FY11. Data analysis is ongoing and dissemination and publication of findings will take place in FY13. Kissidougou Hospital is one of eight participating hospitals in the RCT study on short-term catheterization. Enrollment of women into the study began in the second quarter. See Result 3 in the global section of this report for an update about the study. The study is expected to be completed by June 2013. • During FY12, DDM workshops were held with staff from Jean Paul II, Kissidougou and Labé.
Policy Work (Result 4)	FC Guinea has supported Democratic Local Governance interventions in Kissidougou and Labé, resulting in increased mobilization of financial resources, increased transparency and community participation in decision making and increased resource allocation towards health services. During FY12: • A meeting was held to update key staff at the MoH, including all managers at the central level and the National Health Program Coordinators, on FC activities. Participants requested this meeting be institutionalized on a quarterly basis. • 2012 Fistula Day was held in June 2012 with support from various government agencies and dignitaries.

KEY INDICATORS SNAPSHOT GUINEA						
Reporting Year	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	175	130	97	95	497
	% women who had surgery who have closed fistula at discharge	93%	78%	65%	83%	80%
	% women who had surgery who experienced complications	1%	1%	0%	1%	1%
	# Surgeons Trained	5	0	0	0	5
	# other health trained	9	10	28	98	145
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	29	37	1,752	1,714	3,532
	# persons reached in community outreach	12,328	13,645	128,334	22,927	177,234
	# births	4250	3727	3,433	3,292	14,512
	% of births c section	25%	25%	25%	24%	24%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	0%	0%	0%	33%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	8	9	9	7	9
Data Trends and Explanations	• Jean Paul II and Labé had high backlogs due to referral campaigns that identified many new cases. The clients have all been pre-screened and scheduled for repairs, but many are complicated cases. Some have been scheduled for a repair session at Mercy Ships in FY13, while others have to wait for other visiting expert surgeons. • In the second quarter, JPII had a lower (72%) closed and dry rate than usual, due to the number of complicated, repeat repairs. • The number of repairs in the third and fourth quarters was significantly fewer than in the first half of the year. Explanations for this include the illness of one surgeon and the departure of another at Kissidougou as well as the scheduling of many complicated cases for the upcoming repair session with Mercy Ships in November 2012. In the fourth quarter, the rainy season impacted the ability for patients to travel and receive repairs.					

Figure GUI 1. Total number of repairs by site and year, Guinea

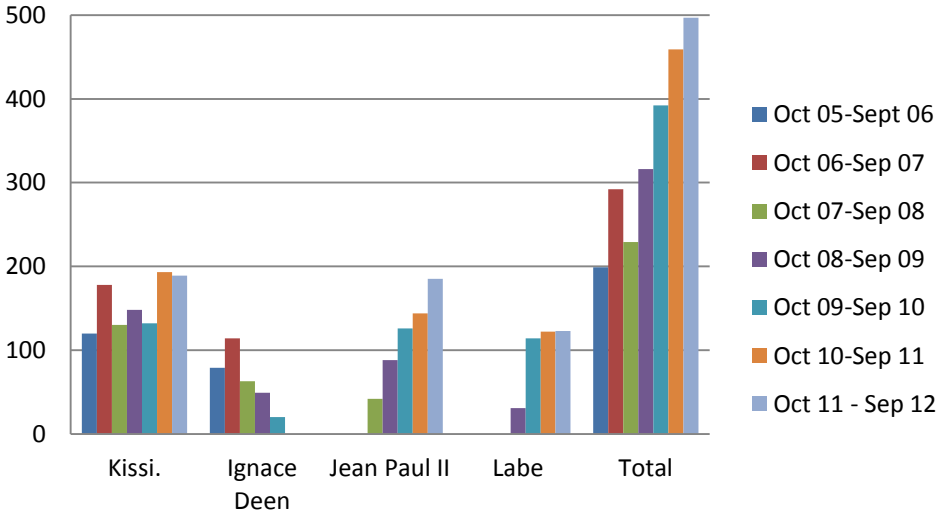


Figure GUI 2. Total number of repairs by site and quarter, Oct 11 - Sep 12, Guinea

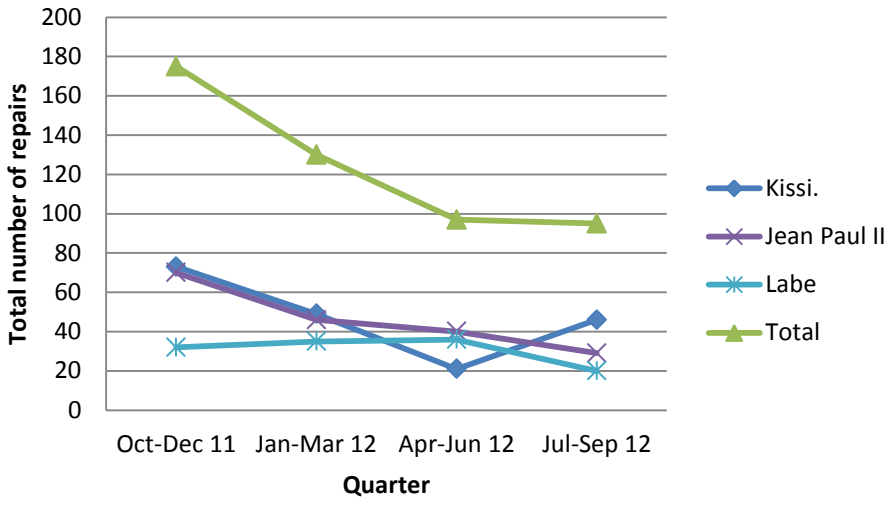


Figure GUI3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY

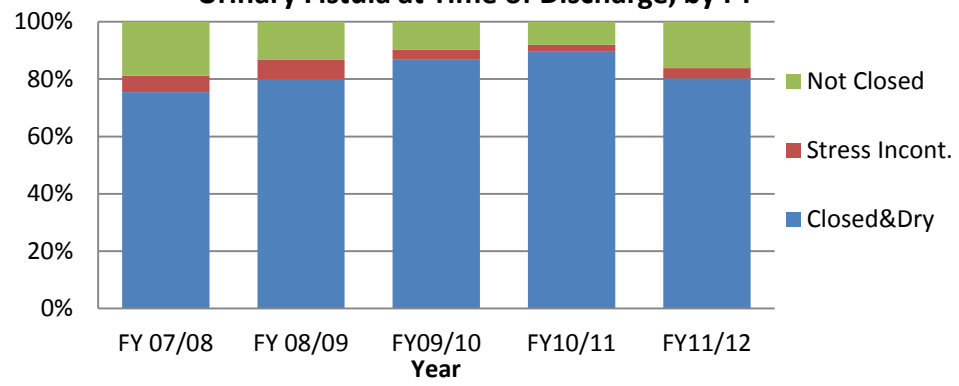


Figure GUI 4. Demand for Services, October 2007 - September 2012, Guinea

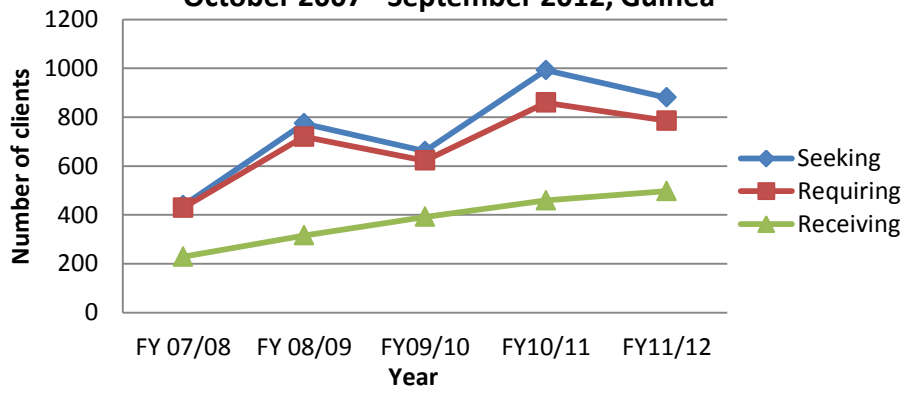


Table GUI1. Fistula Repair Clinical Indicators, by Site and Quarter, October 2011 thru September 2012, Guinea

	Jean Paul II					Kissidougou				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	125	52	73	68	318	77	71	37	85	270
No. requiring FRS	121	47	65	62	295	73	68	36	76	253
No. receiving FRS	**70**	**46**	**40**	**29**	**185**	**73**	**49**	**21**	**46**	**189**
% receiving FRS	**58%**	**98%**	**62%**	**47%**	**63%**	**100%**	**72%**	**58%**	**61%**	**75%**
Type of FRS performed										
----urinary only	69	46	40	28	183	72	49	21	42	184
----urinary & RVF	1	0	0	1	2	1	0	0	3	4
----RVF only	0	0	0	0	0	0	0	0	1	1
For 'Urinary only' or 'Urinary and RVF' repairs										
----first repair	45	25	21	12	103	57	28	15	19	119
-----second repair	14	13	10	10	47	11	11	1	16	39
----->2	11	8	9	7	35	5	10	5	10	30
% women with first repair (urinary only)	**64%**	**54%**	**53%**	**41%**	**56%**	**78%**	**57%**	**71%**	**42%**	**63%**
No. discharged after FRS (urinary only)	61	56	37	22	176	52	76	41	42	211
No. discharged after FRS (urinary & RVF)	1	1	0	1	3	2	1	0	3	6
No. discharged after FRS (RVF only)	0	0	0	0	0	0	0	0	1	1
Total no. discharged after FRS	**62**	**57**	**37**	**23**	**179**	**54**	**77**	**41**	**46**	**218**
# not discharged after FRS	16	5	8	14	43	48	20	0	0	68
Outcome of FRS (urinary only & urinary/RVF)										
---No. with closed fistula who are dry	59	41	20	21	141	49	58	34	40	181
---No. with closed fistula & stress incontinence	0	2	3	0	5	1	4	1	2	8
---No. whose fistula was not closed	3	14	14	2	33	4	15	6	3	28
% with closed fistula who are dry (urinary only & urinary/RVF)	**95%**	**72%**	**54%**	**91%**	**79%**	**91%**	**75%**	**83%**	**89%**	**83%**
Outcome of FRS (RVF only)										
----closed and dry	0	0	0	0	0	0	0	0	1	1
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
-----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**

	Jean Paul II					Kissidougou				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**95%**	**72%**	**54%**	**91%**	**79%**	**91%**	**75%**	**83%**	**89%**	**83%**
No. with complications after FRS	0	2	0	0	2	1	0	0	1	2
----Major surgical complications	0	2	0	0	2	1	0	0	1	2
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
---Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**4%**	**0%**	**0%**	**1%**	**2%**	**0%**	**0%**	**2%**	**1%**

Table GU11. Fistula Repair Clinical Indicators, by Site and Quarter, October 2011 thru September 2012, Guinea (Continued)

	Labe					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	91	50	100	51	292	293	173	210	204	880
No. requiring FRS	82	41	80	34	237	276	156	181	172	785
No. receiving FRS	**32**	**35**	**36**	**20**	**123**	**175**	**130**	**97**	**95**	**497**
% receiving FRS	**39%**	**85%**	**45%**	**59%**	**52%**	**63%**	**83%**	**54%**	**55%**	**63%**
Type of FRS performed										
---urinary only	32	34	29	19	114	173	129	90	89	481
---urinary & RVF	0	0	6	1	7	2	0	6	5	13
---RVF only	0	1	1	0	2	0	1	1	1	3
For 'Urinary only' or 'Urinary and RVF' repairs										
---first repair	15	14	18	8	55	117	67	54	39	277
---second repair	7	8	9	7	31	32	32	20	33	117
---->2	10	12	8	5	35	26	30	22	22	100
% women with first repair (urinary only)	**47%**	**41%**	**51%**	**40%**	**45%**	**67%**	**52%**	**56%**	**41%**	**56%**
No. discharged after FRS (urinary only)	32	35	29	22	118	145	167	107	86	505
No. discharged after FRS (urinary & RVF)	0	0	5	2	7	3	2	5	6	16
No. discharged after FRS (RVF only)	0	0	1	1	2	0	0	1	2	3
Total no. discharged	**32**	**35**	**35**	**25**	**127**	**148**	**169**	**113**	**94**	**524**

	Labe					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
after FRS										
No. not discharged after FRS	16	16	17	12	61	80	41	25	26	172
Outcome of FRS (urinary only & urinary/RVF)										
----No. with closed fistula who are dry	29	33	19	15	96	137	132	73	76	418
----No. with closed fistula & stress incontinence	0	1	1	4	6	1	7	5	6	19
---No. whose fistula was not closed	3	1	14	5	23	10	30	34	10	84
% with closed fistula who are dry (urinary only & urinary/RVF)	**91%**	**94%**	**56%**	**63%**	**77%**	**93%**	**78%**	**65%**	**83%**	**80%**
Outcome of FRS (RVF only)										
----closed and dry	0	0	1	1	2	0	0	1	2	3
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**100%**	**100%**	**100%**	**0%**	**0%**	**100%**	**100%**	**100%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**91%**	**94%**	**57%**	**64%**	**77%**	**93%**	**78%**	**65%**	**83%**	**80%**
No. with complications after FRS	0	0	0	0	0	1	2	0	1	4
----Major surgical complications	0	0	0	0	0	1	2	0	1	4
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**	**1%**	**0%**	**1%**	**1%**

Table GUI 2. Number of Persons Trained by Topic, October 2011 – September 2012, Guinea

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Jean Paul II					
Data for Decision Making[66]	9	0	0	0	9
Quality improvement for EmOC	0	0	0	20	20
Infection prevention and waste management training	0	0	0	10	10
Kissidougou					
Continuing training in fistula repair for surgeons	2	0	0	0	2
Quality improvement for EmOC	0	0	0	17	17
Infection prevention and waste management training	0	0	0	18	18
Labé					
Continuing training in fistula repair for surgeons	3	0	0	0	3
Fistula counseling	0	0	15	0	15
Data for Decision Making	0	0	13	0	13
Quality improvement for EmOC	0	0	0	17	17
Infection prevention and waste management training	0	0	0	16	16
Boké					
Training of trainers in tools and approaches for community-based fistula prevention efforts	0	10	0	0	10
Total	**14**	**10**	**28**	**98**	**150**

Table GUI 3. Safe Motherhood Committee Activities, Kissidougou and Labé Regions by Quarter, October 2011 thru September 2012, Guinea

Safe Motherhood Committee Activities	Oct-Dec	Jan - Mar	Apr-Jun	Jul-Sep	FY Total
#women reached at sensitization meetings	6,904	7,275	6,236	6,467	**26,882**
# men reached at sensitization meetings	5,098	5,565	4,115	4,432	**19,210**
# women attending prenatal					
1st visit	219	172	6[67]	8	**405**
2nd visit	182	197	11	15	**405**
3rd visit	132	158	54	49	**393**
4th visit	87	44	136	109	**376**
# fistula clients referred	2	2	0	1	**5**
# births	518	478	242	183	**1,421**
# maternal deaths	3	3	0	0	**6**
# delivery issues	4	1	3	1	**9**
# pregnancy issues	1	0	0	0	**1**

[66] DDM training was for staff from JPII, Kissidougou and Labe and was held in Conakry, at the EH-Guinea office.
[67] In the third quarter, prenatal data was reported only for women who delivered during that quarter, instead of for all pregnant women. This allowed for more meaningful evaluation of the challenges facing the committees in encouraging women to follow the prenatal visit schedule.

Table GUI4. Number of Community Outreach Events and Persons Reached, October 2011 - September 2012, Guinea

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kissidougou village committee outreach	14	5,937	20	5,025	702	4,219	690	4,145	**1,426**	**19,326**
Labé village committee outreach	15	6,391	16	8,609	1,013	6,713	988	6,754	**2,032**	**28,467**
Training in Boké for new village committee	0	0	1	11	0	0	1	35	**2**	**46**
Religious leaders activities in churches and mosques	0	0	0	0	37	117,402	35	11,993	**72**	**129,395**
Total	**29**	**12,328**	**37**	**13,645**	**1,752**	**128,334**	**1,714**	**22,927**	**3,532**	**177,234**

Table GUI 5. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2011 – September 2012, Guinea.

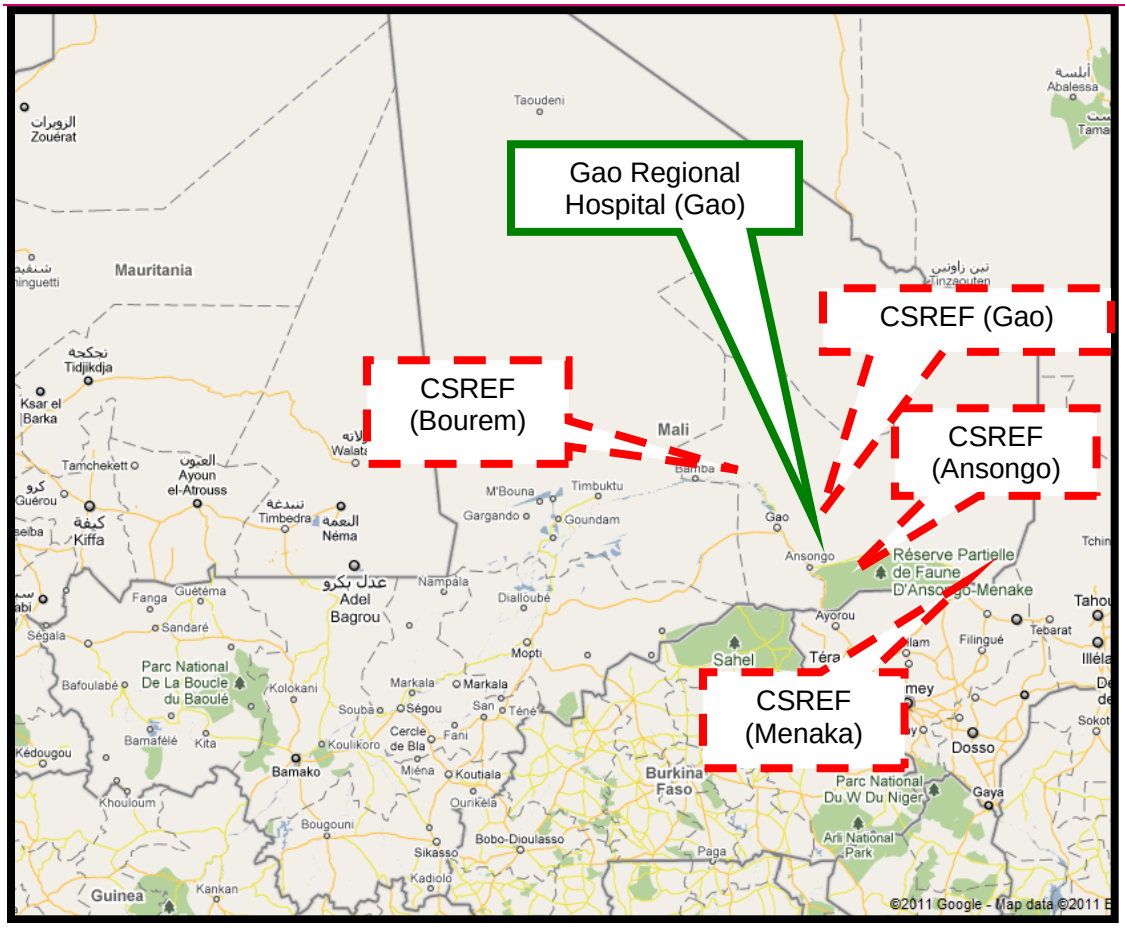
	FY TOTAL									
FP Methods	**Boke[68]**	**Faranah**	**Ignace Deen**	**Jean Paul II**	**Kindia**	**Kissidougou**	**Labé**	**Mamou**	**N'Zerékoré[69]**	**Country Total**
Oral Pill	19	51	90	64	35	383	99	50	13	**804**
IUCD	1	15	119	13	5	110	10	49	69	**391**
Condom (male)	35	158	0	3	0	272	0	0	0	**468**
Condom (female)	0	0	0	0	0	0	0	0	0	**0**
Injectable	43	306	103	149	312	230	105	90	5	**1,343**
Implant	0	0	22	0	14	17	0	0	0	**53**
Tubal Ligation	4	4	1	0	10	23	3	0	5	**50**
Vasectomy	0	0	0	0	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**102**	**534**	**335**	**229**	**376**	**1,035**	**217**	**189**	**92**	**3,109**
Total Number of clients counseled about FP methods	189	534	313	356	471	1,059	637	273	92	**3,924**

Table GUI 6. Obstetric Services, by site. October 2011 – September 2012, Guinea.

	FY TOTAL									
Obstetric Services	**Boke[70]**	**Faranah**	**Ignace Deen**	**Jean Paul II**	**Kindia**	**Kissidougou**	**Labé**	**Mamou**	**N'Zerékoré[71]**	**Country Total**
Number of vaginal deliveries	546	811	2,472	794	2,148	976	1,120	1,635	546	**11,048**
Number of C sections	123	151	951	105	640	385	397	589	123	**3,464**
Total Number of deliveries	**669**	**962**	**3,423**	**899**	**2,788**	**1,361**	**1,517**	**2,224**	**669**	**14,512**
Percent deliveries by C section	18%	16%	28%	12%	23%	28%	26%	26%	18%	**24%**

[68] Boké data is available only for first and second quarters.
[69] N'Zérékoré data is available only for first and second quarters.
[70] Boké data is available only for first and second quarters.
[71] N'Zérékoré data is available only for first and second quarters.

MALI


Gao Regional Hospital (Gao)
CSREF (Gao)
CSREF (Bourem)
CSREF (Ansongo)
CSREF (Menaka)
Mauritania
Mali
Burkina Faso
Guinea
Taoudeni
Tidjikdja
Ksar el Barka
Tamchekett
Ayoun el-Atrouss
Kiffa
Timbedra
Néma
Adel Bagrou
Walata
Nampala
Dialloubé
Fanga
Guétéma
Sandaré
Ségala
Mopti
Gargando
M'Bouna
Timbuktu
Goundam
Gao
Ansongo
Bamba
Réserve Partielle de Faune D'Ansongo-Menake
Ayorou
Sahel
Téra
Filingué
Tebarat
Dosso
Gaya
Parc National Du W Du Niger
Arli National Park
Parc National De La Boucle du Baoulé
Bafoulabé
Kolokani
Markala
Ségou
Soubà
San
Téné
Cercle de Bla
Fani
Koulikoro
Bamako
Bamafélé
Kita
Kédougou
Kouliala
Miéna
Ourikéla
Khouloum
Bougouni
Sikasso
Bobo-Dioulasso
Paga
Kadiolo
Kankan
Abalessa
Tinzaouten
Zouérat
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PROGRAM ACHIEVEMENT SNAPSHOT MALI	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	October 2008
Supported Sites	Through April, 2012: Treatment: Gao Hospital (A regional tertiary referral hospital) Prevention only: Four district-level referral hospitals located in Ansongo, Bourem, Gao and Ménaka
Background	The Mali program is implemented by Fistula Care partner IntraHealth, with technical support and project oversight led by EngenderHealth. In March 2012 there was a coup d'état in Bamako, followed by an attack and takeover of Gao by rebel forces. Health facilities in the northern region have been looted and destroyed, including Gao Hospital and the district-level referral hospitals. Providers in the area have fled south or to neighboring countries. USAID suspended support to the project from April 6 through July 20, 2012 due to the political instability. A revised workplan was drafted and submitted to the USAID mission in May 2012 and was incorporated into the IntraHealth subaward in July 2012. Given the destruction of Gao Hospital and the insecurity of working in the north, Fistula Care has proposed to work in the regional hospitals of Kayes and Sikasso. In September 2012, IntraHealth conducted site assessments at these facilities to determine the preparedness of these hospitals to provide fistula services according to project and national norms and standards. The site assessment reports are being finalized but preliminary recommendations include: • Establish a coordination team for fistula care and treatment, • Train health facility staff on fistula treatment and care services, • Equip facilities with fistula diagnostic and treatment materials and supplies, • Establish a reception area for women suffering from fistula, • Installation and equipment of an operating room designated for fistula surgeries, • Introduction of a fistula-specific data collection system.
Treatment strategies (Result 1)	Although Gao Hospital was the principal site supported by Fistula Care, training in various clinical and quality of care topics have included staff from other tertiary referral facilities providing fistula treatment services in Mali--Mopti, Segou and Point G National Teaching Hospital in Bamako. During the first three quarters of FY 11/12: • A total of 53 fistula repairs were supported, with an overall closed and dry rate of 80%. • 3 surgeons received continuing training in fistula repair. • 52 healthcare providers received training in pre- and post-operative fistula care and infection prevention and 115 individuals were trained

	in fistula counseling. • 81 nursing students were trained in a fistula course. During the first quarter, as part of capacity building in clinical diagnosis for the four Gao district referral hospitals, 3 providers from each facility (12 total) participated in the fistula campaign. Additionally, a doctor specializing in urology from Morocco and currently in training at the Point G University Hospital Center (CHU), also participated. Routine surgical fistula repair was underway at Gao between January and April 2012, which contributed to the number of women receiving fistula-related services at the hospital. To reinforce the sustainability of the routine surgical repairs, GREFFA, a local NGO that partners with Fistula Care to support community outreach and recruitment efforts, installed a permanent team in the hospital reception center to welcome and support the women who arrived searching for fistula services. In the first quarter of 2009, Fistula Care Mali and the MOH organized training on fistula to raise the awareness of nurses at the Gao Nursing School and to engage these health providers in fistula prevention. The project developed a two-day training module for this intervention. The model is designed for third year nursing students and provides an overview of fistula including the various types and signs of fistula. It also explores the cause, contributing factors and the social/economic consequences of fistula. Finally, the module delves into the role of nurses in fistula prevention including use of the partograph, catheterization and early evacuation for prolonged/obstructed labor to sites providing cesarean delivery. The third class of nursing students who benefitted from this training graduated in the spring of 2011. Due to the current political situation in northern Mali and the destruction of the nursing school, there was no graduating class in the current fiscal year and this activity has ceased.
Prevention strategies (Result 2)	The project partnered with GREFFA to support community outreach and recruitment efforts. The project supported the four referral health centers in EmOC training. Family planning and maternity services were provided at Gao Hospital. During the first two quarters of FY 11/12, Fistula Care continued to support GREFFA's activities in the sensitization and recruitment of suspected fistula cases in communities. GREFFA disseminated radio messages in local languages (Sonrhai, Tamacheq, and Arabic) on the prevention of obstetric fistula and the availability of fistula care services at Gao Hospital. Prevention messages focused on the fight against early marriage and female genital mutilation. The radio messages were broadcast 4 times per month on 4 different local stations. A National Family Planning and Obstetric Fistula Integration Workshop was held on October 18-20, 2011 in Bamako, bringing together

	stakeholders from the five fistula repair sites in the country along with their technical and financial partners totaling 20 participants. The five repair sites were Point G University Hospital Center, Gabriel Touré University Hospital Center, Segou Hospital, Mopti Hospital, and Gao Hospital. The objective was to determine the level of FP integration in fistula treatment at each site based on information exchanged and discussions held. Additionally, discussions focused on the obstacles and challenges to creating an environment supportive of the integration itself, as well as its sustainability. By the end of the workshop, each site had committed to developing a specific and realistic action plan within the next year.
Data utilization (Result 3)	Gao Hospital participated in the retrospective record review of cesarean indications study, which was completed in FY10 and the report is being finalized. Findings from the study were disseminated last FY and the final report has been prepared. The final report was shared with Gao Hospital and the National Fistula Technical Committee for dissemination.
Policy work (Result 4)	Fistula Care provided direct technical assistance to the MOH/Division for Reproductive Health in coordinating the national workplan for fistula. National norms, protocols and guidelines for fistula services delivery have been developed and disseminated with support from Fistula Care. FC is working to develop a model based on the Levels of Care Framework for service delivery at Gao that can be used to inform national guidelines. The project also worked with local government to spearhead a regional steering committee for fistula in Gao, which met during the second quarter of FY 11/12.

KEY INDICATOR SNAPSHOT MALI						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	17	26	10	NS	53
	% women who had surgery who have closed fistula at discharge	76%	77%	100%	NS	80%
	% women who had surgery who experienced complications	0%	0%	0%	NS	0%
	# Surgeons Trained	3	0	0	NS	3
	# other health trained	127	168	0	NS	295
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	0	2	0	NS	2
	# persons reached in community outreach	0	141	0	NS	141
	# births	336	n/a	0	NS	336
	% of births c section	17%	n/a	0	NS	17%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%	0	NS	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	5	5	0	NS	5
Data Trends and Explanations	During the second quarter, for security reasons, the expert consultant in surgical repair was unable to travel to the repair site so the campaign was led entirely by the local Gao team. This resulted in the deferral of two cases due to the complexity of the fistula. During the third quarter, the looting and destruction of the hospital in the beginning of April resulted in extremely limited program activity. GREEFA has actively searched for women who were in the hospital during the siege. The women have been located and were provided with some follow up care. In FY12/13 these women will get continuing care as required at Mopti Hospital In the third and fourth quarters, program focus was on keeping up visibility for the project and making plans to address the crisis situation moving forward.					

Figure MAL1.Total number of repairs by year, Gao Hospital, Mali

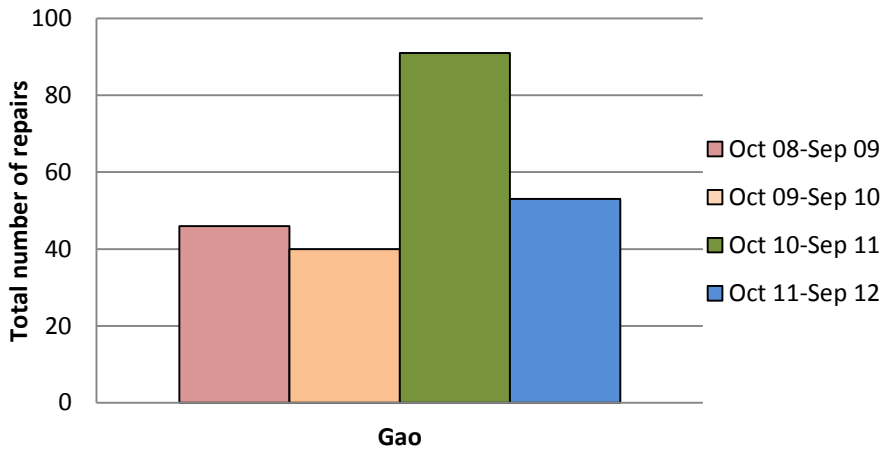


Figure MAL 2. Total number of repairs by quarter, Gao Hospital, Mali

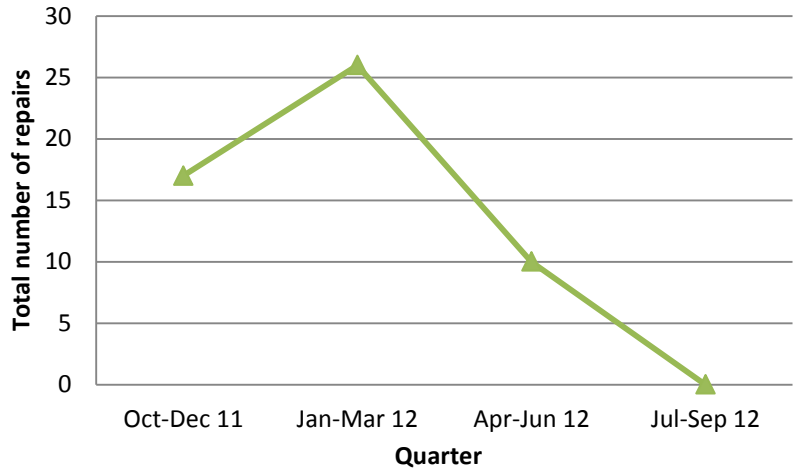


Figure MAL 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY

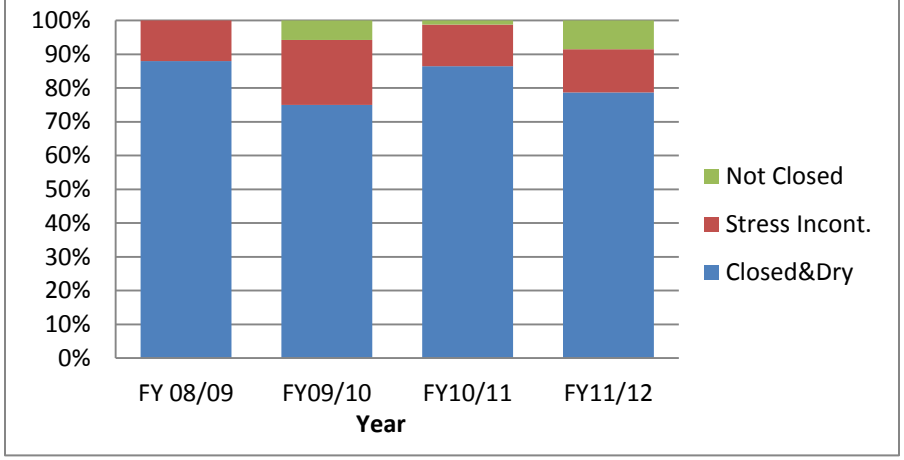


Figure MAL 4. Demand for Services, October 2008 - September 2012, Mali

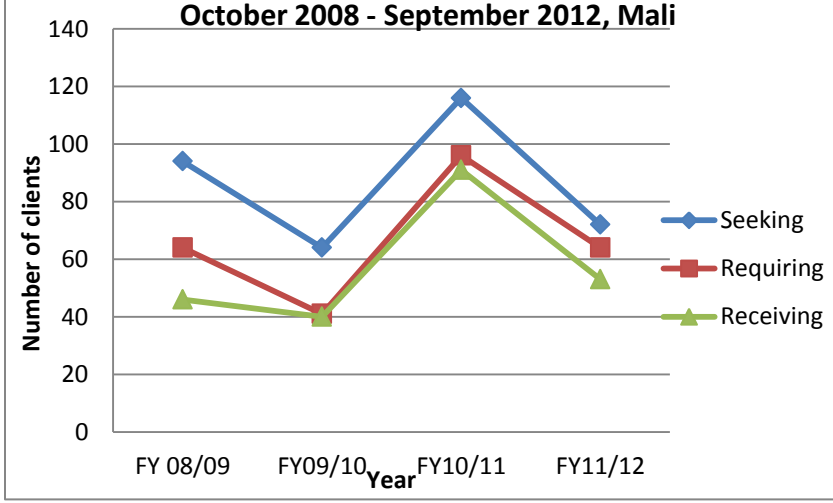


Table MAL 1. Fistula Repair Clinical Indicators by Site and Quarter, October 2011 - September 2012, Mali

	Gao Regional Hospital			
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**
No. seeking FRS	23	34	15	72
No. requiring FRS	19	31	14	64
No. receiving FRS	**17**	**26**	**10**	**53**
Percent receiving FRS	**89%**	**84%**	**71%**	**83%**
Type of FRS performed				
---------- urinary only	13	25	9	47
---------- urinary & RVF	4	0	0	4
---------- RVF only	0	1	1	2
For 'Urinary only' or 'Urinary and RVF' repairs				
---------- first repair	8	22	9	39
---------- second repair	4	3	0	7
---------- >2	5	0	0	5
Percent women with first repair (urinary only)	**47%**	**88%**	**100%**	**76%**
No. discharged after FRS (urinary only)	13	25	5	43
No. discharged after FRS (urinary & RVF)	4	0	0	4
No. discharged after FRS (RVF only)	0	1	1	2
Total no. discharged after FRS	**17**	**26**	**6**	**49**
No. not discharged after FRS	0	0	4	4
Outcome of FRS (urinary only & urinary/RVF)				
---------- No. with closed fistula who are dry	13	19	5	37
---------- No. with closed fistula & stress incontinence	3	3	0	6
---------- No. whose fistula was not closed	1	3	0	4
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**76%**	**76%**	**100%**	**79%**
Outcome of FRS (RVF only)				
-----closed and dry	0	1	1	2
-----incontinent with water stool and /or flatus (gas)	0	0	0	0
-----incontinent with firm stool	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**100%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**76%**	**77%**	**100%**	**80%**
No. with complications after FRS	0	0	0	0
------Major surgical complications	0	0	0	0
------Anesthesia-related complication	0	0	0	0
------Post-operative complication related to perceived success of surgery	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**

Table MAL 2. Number of Persons Trained by Topic, October 2011 – September 2012, Mali

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Continuing training for fistula surgeons	3	0	0	0	3
Data for decision making	0	27[72]	0	0	27
Fistula counseling	115[73]	0	0	0	115
Infection prevention	0	40	0	0	40
COPE	0	20	0	0	20
Pre- and post-operative fistula care	12	0	0	0	12
Fistula course for 3rd year nursing students	0	81	0	0	81
Total	**130**	**168**	**0**	**0**	**298**

Table MAL 3. Number of Community Outreach Events and Persons Reached, October 2011 – September 2012, Mali

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Gao Regional Fistula Steering Committee meeting	0	0	1	18	0	0	0	0	**1**	**18**
Fistula Advocacy Day for the women of CAFO	0	0	1	123	0	0	0	0	**1**	**123**
Total	**0**	**0**	**2**	**141**	**0**	**0**	**0**	**0**	**2**	**141**

[72] 6 individuals from Segou, 9 from Mopti and 11 from Point G.
[73] 59 providers from Gao and Ansongo, and 56 providers from Bourem and Menaka.

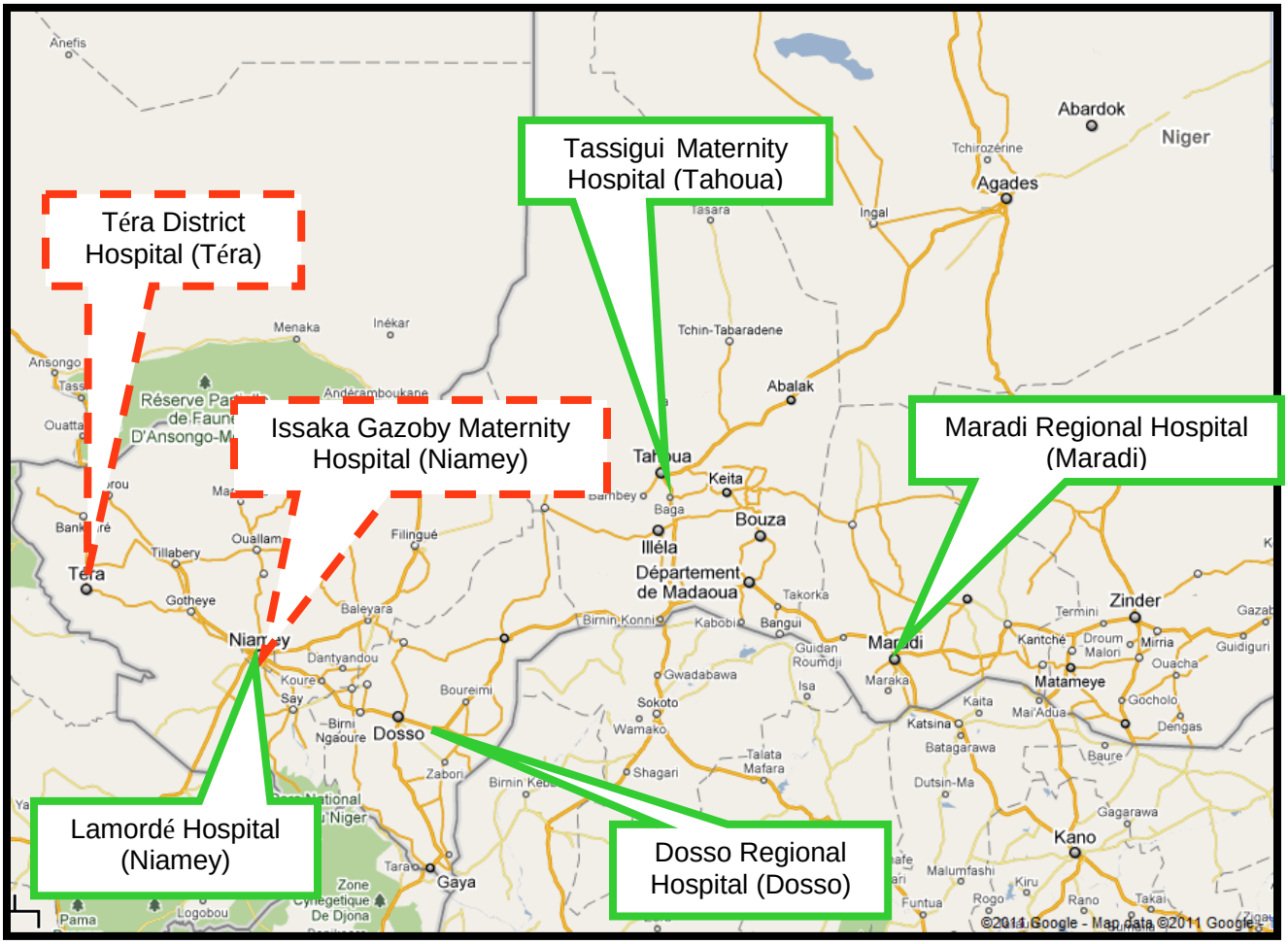
Table MAL 4. Number of FP Clients by Method and Number Counseled about FP, Gao, October 2011 – September 2012, Mali.

	Gao Regional Hospital				
FP Methods	**Oct-Dec**	**Jan-March**	**Apr-Jun**	**Jul-Sep**	**FY Total**
Oral Pill	5	n/a	n/a	n/a	5
IUCD	0	n/a	n/a	n/a	0
Condom (male)	0	n/a	n/a	n/a	0
Condom (female)	0	n/a	n/a	n/a	0
Injectable	32	n/a	n/a	n/a	32
Implant	14	n/a	n/a	n/a	14
Tubal Ligation	0	n/a	n/a	n/a	0
Vasectomy	0	n/a	n/a	n/a	0
Foaming Tablets	0	n/a	n/a	n/a	0
Total FP acceptors	**51**	n/a	n/a	n/a	**51**
Total Number of clients counseled about FP methods	58	n/a	n/a	n/a	58

Table MAL 5. Obstetric Services, by site. October 2011 – September 2012, Mali[74].

	Gao Regional Hospital
Obstetric Services	**Oct-Dec**
Number of vaginal deliveries	278
Number of C sections	58
Total Number of deliveries	**336**
Percent deliveries by C section	17%

[74] Obstetric data was only available for the first quarter.


Tassigui Maternity Hospital (Tahoua)
Téra District Hospital (Téra)
Issaka Gazoby Maternity Hospital (Niamey)
Maradi Regional Hospital (Maradi)
Lamordé Hospital (Niamey)
Dosso Regional Hospital (Dosso)
Abardok
Niger
Agades
Tchirozérine
Tasara
Ingal
Tchin-Tabaradene
Abalak
Menaka
Inékar
Ansongo
Andéramboukane
Ouatta
Tahoua
Keita
Baga
Bambey
Bouza
Illéla
Département de Madaoua
Takorka
Kabobi
Bangui
Filingué
Ouallam
Tillabery
Téra
Gotheye
Baleyara
Birnin Konni
Niamey
Dantyandou
Koure
Say
Boureimi
Birni Ngaoure
Dosso
Zabori
Gwadabawa
Sokoto
Wamako
Shagari
Talata Mafara
Guidan Roumdji
Maradi
Maraka
Isa
Zinder
Termini
Kantché
Droum
Malori
Mirria
Guidiguiri
Ouacha
Matameye
Gocholo
Dengas
Kaita
Mai'Adua
Katsina
Batagarawa
Baure
Dutsin-Ma
Gagarawa
Kano
Malumfashi
Kiru
Rogo
Rano
Takai
Funtua
Tara
Gaya
Zone Cynegetique De Djona
Pama
Logobou
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PROGRAM ACHIEVEMENT SNAPSHOT NIGER	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	July 2007 through the AWARE Project
Supported Sites	Four public hospitals for fistula treatment: • Dosso Regional Hospital • Lamordé National Hospital, Niamey • Maradi Regional Hospital • Tassigui Maternity Hospital (Part of Tahoua Regional Hospital) Two public hospital for prevention • Issaka Gazoby Maternity Hospital, Niamey • Téra District Hospital
Background	FC works with the Fistula Eradication Network (Le Réseau pour l'Eradication des Fistules, REF) which is the national organizing body for fistula prevention, treatment and reintegration work. REF works closely with the Ministries of Health and Social Development, serves as the implementing partner for fistula prevention and treatment in Niger, and manages all activities in Niger with technical support from Fistula Care global staff. Tassigui Maternity Hospital (Tahoua) began providing repairs as a supported site in FY10 and support to Téra District Hospital for prevention activities began in FY11. FC and REF agreed to suspend support for repairs at Maradi from September 2011 through April 2012 in order to implement some quality improvement measures.
Treatment strategies (Result 1)	Lamordé and Maradi have at least two trained fistula surgeons on staff; Tahoua and Dosso each have one active fistula surgeon. All four sites offer routine simple repairs; most complex repairs are performed during concentrated efforts when the Lamordé team visits other sites to build capacity and mentor site staff. During FY12: • A total of 209 repairs were supported, a 38% decrease from the 333 repairs supported in FY11. The suspension of services at Maradi and the limited surgeon availability at Dosso and Tahoua contributed to this decrease. • The overall closed and dry rate is 53%, a low rate is attributed to the complexity and repeat nature of the repairs (similar to the rate of 54% in FY11). • 2 surgeons received first training in fistula repair and four nurses received training in pre- and post-operative care.

PROGRAM ACHIEVEMENT SNAPSHOT NIGER	
Prevention strategies (Result 2)	All sites provide family planning services. All but Lamordé offer obstetric care. During FY12: • 75 health care workers were trained in proper use of the partograph • EngenderHealth's senior technical advisor for community engagement worked with REF to refine its approach and data collection tools in anticipation of an expansion of community engagement activities • Community outreach efforts in Maradi and Dosso reached over 15,900 individuals.
Data utilization (Result 3)	Niger participated in two global research studies which were completed in FY10/11: the prospective observational study on outcomes of repairs and the retrospective cesarean record review. The findings from the retrospective cesarean record review were disseminated in January 2012, and reports were finalized in September 2012. Participants from each of the participating facilities prepared action plans based on the findings. In February 2012, Fistula Care staff, in collaboration with Dr. Sanda Ganda, one of the prospective study site investigators, held a dissemination meeting about the findings with interested stakeholders from Maradi and Lamordé. The Fistula Care/WHO RCT on short term catheterization is being conducted at eight hospitals in Sub-Saharan Africa, including the Zinder Maternity. This facility is supported by UNFPA and Fistula Care is supporting research implementation activities. Recruitment of women into the study began in the second quarter of FY12. See Result 3 of the global section of this report for an update about the study.
Policy Work (Result 4)	A national strategy is in place to guide fistula activities nationwide. In the first quarter of FY12, REF held a coordination meeting to coordinate stakeholders' efforts and review progress on the national strategy. During the first quarter of FY12, the First Lady of Niger, Ms. Malika Mahamadou Issoufou, organized a meeting for all those working to eradicate fistula in Niger. She has championed the cause of fistula eradication and is working to garner support for this effort.

KEY INDICATORS SNAP SHOT NIGER						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	29	43	67	70	209
	% women who had surgery who have closed fistula at discharge	56%	53%	63%	43%	53%
	% women who had surgery who experienced complications	7%	0%	0%	0%	1%
	# Surgeons Trained	0	2	0	0	2
	# other health trained	15	64	0	0	79
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	n/a	42	158	350	552
	# persons reached in community outreach	3,227	1,960	3,733	11,657	20,577
	# births	4,069	3,613	4,482	5,063	15,998
	% of births c section	34%	37%	38%	32%	36%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	80%	80%	60%	20%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	5	5	5	5	5
Data Trends and Explanations	During the first two quarters, there was limited availability of surgeons at Dosso and Tahoua due to participation in trainings on emergency obstetrics and health service management at other sites and other obligations. A surgeon at Tahoua was trained in the second quarter but is only able to repair simple fistula cases, while the more experienced surgeon there has been transferred elsewhere. Fistula Care did not support repairs at Lamordé in the first quarter (due to support from another donor) or at Maradi in the second quarter (due to the suspension of funding). Most second quarter repairs took place at Lamordé in conjunction with its surgical training activities. The low closure rates at all the sites are due to the complexity of the cases, the proportion of clients who have already undergone several previous repair attempts, case selection, and space and staffing constraints that hinder quality postoperative care. In FY13 REF will work to articulate a policy to guide decision-making about women deemed incurable. The backlogs at Maradi and Tahoua are due to the complex nature of the cases presenting, and the lack of on-site capacity to repair those cases. These women are either referred or scheduled to come when a visiting surgeon is available.					

Figure NGR 1.Total number of repairs by site and year, Niger

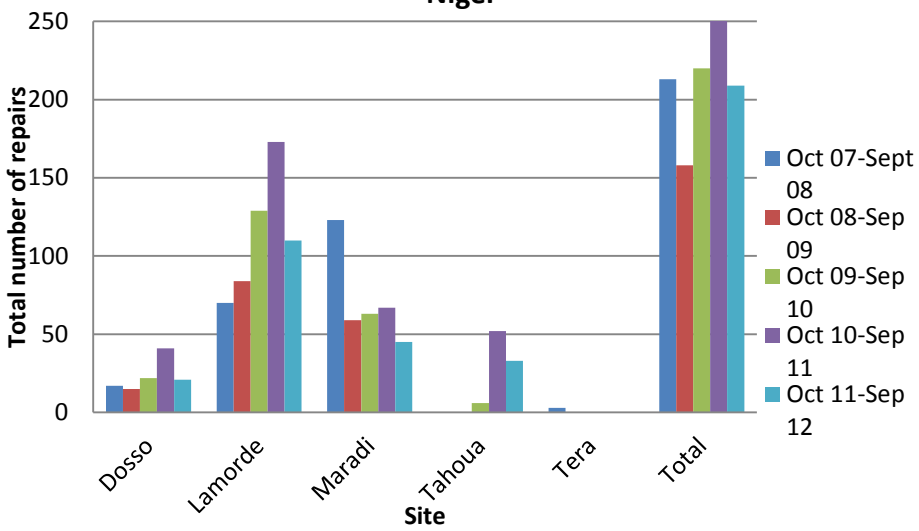


Figure NGR2. Total number of repairs by site and quarter, Niger

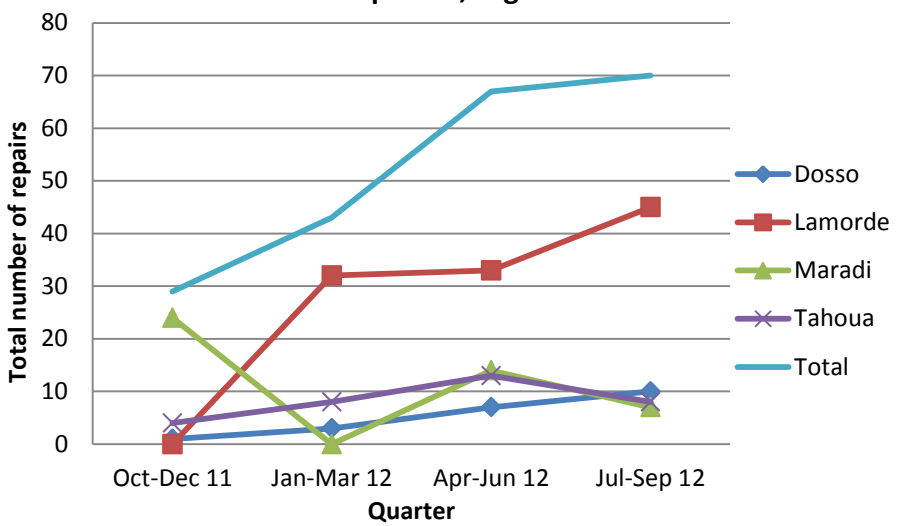


Figure NGR3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY, Niger

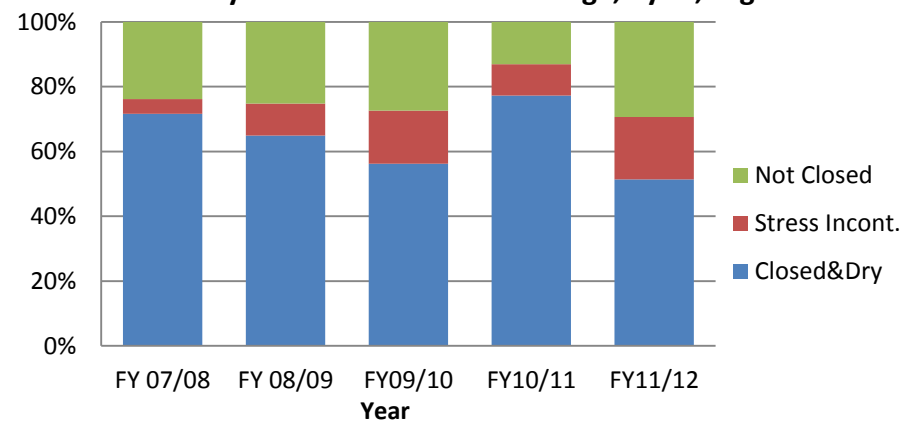


Figure NGR 4. Demand for Services, October 2007 - September 2012, Niger

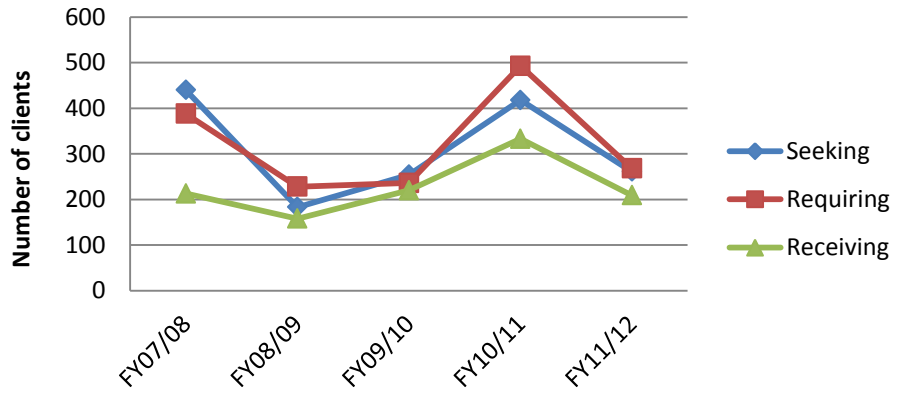


Table NGR1. Clinical Indicators by Site, October 2011 - September 2012, Niger

	Dosso					Lamordé					Maradi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	3	3	8	12	26	0	35	31	45	111	24	0	24	20	68
No. requiring FRS	3	3	8	12	26	0	35	31	45	111	24	0	24	30	78
No. receiving FRS	**1**	**3**	**7**	**10**	**21**	**0**	**32**	**33**	**45**	**110**	**24**	**0**	**14**	**7**	**45**
Percent receiving FRS	**33%**	**100%**	**88%**	**83%**	**81%**	**0%**	**91%**	**106%**	**100%**	**99%**	**100%**	**0%**	**58%**	**23%**	**58%**
Type of FRS performed															
----urinary only	1	3	6	10	20	0	31	30	44	105	24	0	14	7	45
----urinary & RVF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----RVF only	0	0	1	0	1	0	1	3	1	5	0	0	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs															
-----first repair	1	3	3	8	15	0	9	11	14	34	7	0	11	4	22
-----second repair	0	0	2	1	3	0	3	2	12	17	6	0	1	2	9
----->2	0	0	1	1	2	0	19	17	18	54	11	0	2	1	14
% women with first repair (urinary only)	**100%**	**100%**	**50%**	**80%**	**75%**	**0%**	**29%**	**37%**	**32%**	**32%**	**29%**	**0%**	**79%**	**57%**	**49%**
# discharged after FRS (urinary only)	1	3	6	2	12	0	31	25	42	98	24	0	11	10	45
# discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# discharged after FRS (RVF only)	0	0	1	0	1	0	1	3	1	5	0	0	0	0	0
Total # discharged after FRS	**1**	**3**	**7**	**2**	**13**	**0**	**32**	**28**	**43**	**103**	**24**	**0**	**11**	**10**	**45**
# not discharged after FRS	0	0	0	8	8	0	0	5	7	12	0	0	3	0	3
Outcome of FRS (urinary only & urinary/RVF)															
-----No. with closed fistula who are dry	1	3	6	2	12	0	12	14	13	39	12	0	9	6	27

	Dosso					Lamordé					Maradi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. with closed fistula & stress incontinence	0	0	0	0	0	0	11	6	5	22	6	0	1	2	9
-----No. whose fistula was not closed	0	0	0	0	0	0	8	5	24	37	6	0	1	2	9
% with closed fistula who are dry (urinary only & urinary/RVF)	**100%**	**100%**	**100%**	**100%**	**100%**	**0%**	**39%**	**56%**	**31%**	**40%**	**50%**	**0%**	**82%**	**60%**	**60%**
Outcome of FRS (RVF only)															
----closed and dry	0	0	1	0	1	0	1	3	1	5	0	0	0	0	0
----incontinent w/water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----incontinent w/firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**100%**	**0%**	**100%**	**0%**	**100%**	**100%**	**100%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**100%**	**100%**	**100%**	**100%**	**0%**	**41%**	**61%**	**33%**	**43%**	**50%**	**0%**	**82%**	**60%**	**60%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
---Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**8%**	**0%**	**0%**	**0%**	**4%**

Table NGR1. Clinical Indicators by Site, October 2011 - September 2012, Niger (Continued)

	Tahoua					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	9	14	12	21	56	36	52	75	98	261
No. requiring FRS	9	11	12	21	53	36	49	75	108	268
No. receiving FRS	**4**	**8**	**13**	**8**	**33**	**29**	**43**	**67**	**70**	**209**
Percent receiving FRS	**44%**	**73%**	**108%**	**38%**	**62%**	**81%**	**88%**	**89%**	**65%**	**78%**
Type of FRS performed										
---------- urinary only	4	8	13	7	32	29	42	63	68	202
---------- urinary & RVF	0	0	0	0	0	0	0	0	0	0
---------- RVF only	0	0	0	1	1	0	1	4	2	7
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	4	8	8	7	27	12	20	33	33	98
---------- second repair	0	0	1	0	1	6	3	6	15	30
---------- >2	0	0	4	0	4	11	19	24	20	74
Percent women with first repair (urinary only)	**100%**	**100%**	**62%**	**100%**	**84%**	**41%**	**48%**	**52%**	**49%**	**49%**
No. discharged after FRS (urinary only)	2	5	13	12	32	27	39	55	66	187
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	0	0	1	4	1	6
Total no. discharged after FRS	**2**	**5**	**13**	**12**	**32**	**27**	**40**	**59**	**67**	**193**
No. not discharged after FRS	2	5	5	1	13	2	5	13	16	36
Outcome of FRS (urinary only & urinary/RVF)										
---------- No. with closed fistula who are dry	2	5	4	7	18	15	20	33	28	96
---------- No. with closed fistula & stress incontinence	0	0	0	5	5	6	11	7	12	36
---------- No. whose fistula was not closed	0	0	9	0	9	6	8	15	26	55
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**100%**	**100%**	**31%**	**58%**	**56%**	**56%**	**51%**	**60%**	**42%**	**51%**
Outcome of FRS (RVF only)										
---------- closed and dry	0	0	0	0	0	0	1	4	1	6
---------- incontinent with water stool and /or flatus	0	0	0	0	0	0	0	0	0	0

	Tahoua					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
(gas)										
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**100%**	**100%**	**31%**	**58%**	**56%**	**56%**	**53%**	**63%**	**43%**	**53%**
No. with complications after FRS	0	0	0	0	0	2	0	0	0	2
---------- Major surgical complications	0	0	0	0	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	2	0	0	0	2
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**7%**	**0%**	**0%**	**0%**	**1%**

Table NGR 2. Number of Persons Trained by Topic, October 2011 – September 2012, Niger

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Dosso					
First surgical training in fistula repair	0	1	0	0	1
Pre- and post-operative care	0	2	0	0	2
Partograph use	0	15	0	0	15
Issaka Gazoby					
Partograph use	15	0	0	0	15
Maradi					
Partograph use	0	15	0	0	15
Tahoua					
First surgical training in fistula repair	0	1	0	0	1
Pre- and post-operative care	0	2	0	0	2
Partograph use	0	15	0	0	15
Tera					
Partograph use	0	15	0	0	15
Total	**15**	**66**	**0**	**0**	**81**

Table NGR 3. Number of Community Outreach Events and Persons Reached, October 2011 – September 2012, Niger

Event Type	Oct-Dec		Jan-Mar [75]		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Door-to-door and individual community outreach in Maradi	n/a	1,625	n/a	n/a	104	2,196	169	4,636	**274**	**8,457**
Door-to-door and individual community outreach in Dosso	n/a	1,602	42	1,960	54	1,537	181	7,021	**278**	**12,120**
Total	**n/a**	**3,227**	**42**	**1,960**	**158**	**3,733**	**350**	**11,657**	**552**	**20,577**

[75] Community outreach data for Maradi was unavailable for the Jan-Mar quarter.

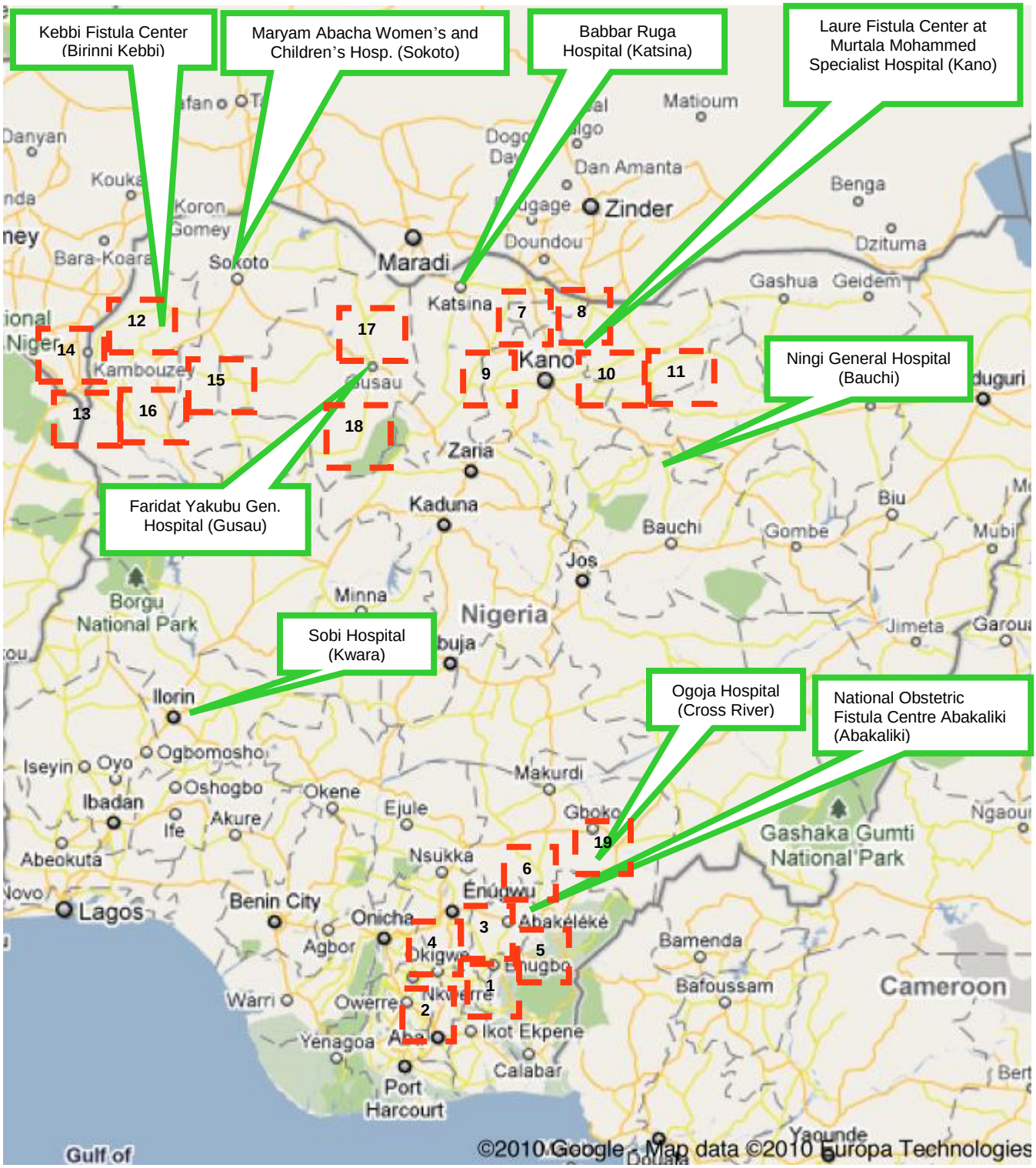
Table NGR4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2011 – September 2012, Niger

FP Methods	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
Oral Pill	765	1036	964	877	156	**3798**
IUCD	0	260	49	8	0	**317**
Condom (male)	0	0	0	335	0	**335**
Condom (female)	0	0	0	0	0	**0**
Injectable	206	380	495	239	10	**1330**
Implant	2	102	471	168	45	**788**
Tubal Ligation	0	138	62	0	0	**200**
Vasectomy	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	**0**
Total FP acceptors	**973**	**1916**	**2041**	**1627**	**211**	**6768**
Total Number of clients counseled about FP methods	975	n/a	n/a	n/a	n/a	**n/a**

Table NGR5. Obstetric Services, by site. October 2011 – September 2012, Niger

Obstetric Services	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
Number of vaginal deliveries	905	2,483	1,026	4,931	939	**10,284**
Number of C sections	283	3,709	1,255	349	118	**5,714**
Total Number of deliveries	**1,188**	**6,192**	**2,281**	**5,280**	**1,057**	**15,998**
Percent deliveries by C section	24%	60%	55%	7%	11%	**36%**

NIGERIA


Kebbi Fistula Center (Birinni Kebbi)
Maryam Abacha Women's and Children's Hosp. (Sokoto)
Babbar Ruga Hospital (Katsina)
Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)
Ningi General Hospital (Bauchi)
Faridat Yakubu Gen. Hospital (Gusau)
Sobi Hospital (Kwara)
Ogoja Hospital (Cross River)
National Obstetric Fistula Centre Abakaliki (Abakaliki)
Nigeria
Sokoto
Maradi
Zinder
Katsina
Kano
Kaduna
Zaria
Jos
Bauchi
Gombe
Biu
Lagos
Benin City
Onitsha
Enugu
Abakaliki
Calabar
Port Harcourt
Ibadan
Ilorin
Makurdi
Gashaka Gumti National Park
Cameroon
Borgu National Park
Gulf of
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Map Key: Prevention Sites in Red Boxes (dashed lines)

1	Owutuedda General Hospital (Ebonyi)
2	Cottage Hospital, (Ebonyi)
3	Ebonyi State University Teaching Hospital
4	Ezangbo Maternity Hospital (Ebonyi)
5	Azuiyokwu Primary Health Center (Ebonyi)
6	Mgbo Primary Health Center (Ebonyi)
7	Comprehensive Health Center, Kumbotso (Kano)
8	Takai Community/NYSC Health Center, Takai (Kano)
9	Tarauni MCH Clinic (Kano)
10	Unguku MCH Clinic (Kano)
11	Muhammadu Abdullahi Wase Hospital (Kano)
12	Jega General Hospital, (Kebbi)
13	Kamba General Hospital (Kebbi)
14	Maiyama General Hospital (Kebbi)
15	Argungum General Hospital (Kebbi)
16	Dakingari Primary Health Center (Kebbi)
17	Bakura General Hospital (Zamfara)
18	Bungudu General Hospital (Zamfara)
19	Ogoja MCH (Cross River State)

PROGRAM ACHIEVEMENT SNAPSHOT NIGERIA	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	February 2007 through the ACQUIRE Project
Supported Sites	Fistula Care Nigeria provides support to 28 sites: 9 repair sites and 19 prevention-only sites. See details in Annex 1. By state, the totals are: • Bauchi State: 1 site (1 repair) • Cross River State: 2 sites (1 repair, 1 prevention only) • Ebonyi: 7 sites (1 repair, 6 prevention only) • Kano: 6 sites (1 repair, 5 prevention only) • Katsina 1 site (1 repair) • Kebbi: 6 sites (1 repair, 5 prevention only) • Kwara: 1 site (1 repair) • Sokoto: 1 site (1 repair) • Zamfara: 3 sites (1 repair, 2 prevention only) In the third quarter of FY10/11, USAID/N instructed FC to cease support to 29 prevention-only sites. This request was later changed, and support was reinstated to most sites FY11/12. All Sokoto prevention-only sites were relinquished to TSHIP and are no longer supported sites.
Background	FC Nigeria collaborates with community-based partners such as religious leaders to disseminate fistula prevention messages and reduce stigma of fistula clients and to help reintegrate clients back into their communities post repair. The beginning of 2012 brought several challenges in Nigeria including a deteriorating security situation in the north and nationwide strikes due to increases in fuel prices. This led to serious restriction of movements and program implementation for approximately one month, as well as the absence of a key surgeon who works at one of the supported facilities.
Treatment strategies (Result 1)	At the nine repair sites, fistula repair services are provided on a routine basis, as well as through pooled repair efforts. Pooled efforts help reduce the backlog of patients waiting for surgery. The pooled effort strategy is described in a FC Technical Brief: A Collaborative Network to Improve Access to Fistula Treatment in Nigeria. During FY12: • 1,720 fistula repairs were supported at nine repair sites. This is a 56% increase compared to the 1,104 repairs supported in FY11. • The overall closed and dry rate was 75%, compared to 71% in FY11. • A total of 18 pooled efforts were held, with an average of three surgeons at each effort. A total of 495 repairs took place during pooled efforts (29% of all repairs). • 12 surgeons received first training in fistula repair, 13 healthcare staff received pre- and post-operative management training. • In the first quarter, repairs commenced at the Ogoja and Sobi sites.

PROGRAM ACHIEVEMENT SNAPSHOT NIGERIA	
	• Renovations were carried out at Ogoja and theater consumables were provided to Ogoja, Maryam Abacha, Kebbi, Abakaliki, Sobi, and Ningi.
Prevention strategies (Result 2)	During this reporting period: • 64 health care workers received training on family planning methods and family planning counseling. • Work continues with the Ward Development Councils (WDC) in Argungu and Birnin Kebbi in Kebbi state as well as Gusau and Bugudu in Zamfara state. Outreach efforts continued with local governance and the WDCs to incorporate fistula prevention and treatment information into their messages and to work together to utilize data from fistula treatment centers. The WDCs from Gusau and Bungudu in Zamfara State paid advocacy visits to 21 district heads, to share information about fistula. This then led to a step down sensitization of village heads, traditional birth attendants, traditional healers, barbers, Imams etc. The outcome of the sensitization led to the Imams integrating fistula messages in their Friday sermons. • Local religious leaders reached over 150,000 people in more than 75 communities and fistula clients identified in the communities were referred to the facilities for treatment by the Religious Leaders Advocacy Champions (RLAC), some even supported them with means of transportation to the facilities. • The project continued utilizing the monthly slot for fistula in the Health Watch program of the Radio Nigeria. The program is broadcast every third Monday of the month and it reaches out to 14 million listeners in Nigeria and beyond. • 'Silent Cries' is a radio drama that is aimed at creating awareness on the prevention and availability of treatment of obstetric fistula; promote health seeking habits of women of reproductive health, male involvement in maternal issues and benefits of family planning and girl child education. The 19-episode radio drama was aired from 1 October through 3 December 2011(every Wednesday and Saturday) on Unity FM Abakaliki. • A needs assessment was carried out at 13 family planning-only units in Ebonyi, Kebbi and Zamfara states. Action plans including refurbishing and FP counseling training were developed and will be followed up in the next quarter. • A one day stakeholder's meeting for Ward Development Committees from 6 Local Government Areas (LGA) from Cross River state was organized to raise awareness about fistula prevention and treatment, so it will be integrated in their core messages during mobilization and awareness creation activities. • Zamfara state radio continues to integrate fistula messages during the Friday Weekly preaching program sponsored by the Ministry of Religious Affairs.
Data utilization (Result 3)	FC Nigeria participated in the global research prospective observational study. The findings from the study were presented in September 2012.

	The National Obstetric Fistula Center, Abakaliki is one of eight participating hospitals in the RCT study on short term catheterization. Enrollment of women into the study began in the second quarter. The study is expected to be completed by June 2013. See Result 3 under global accomplishments for more information about the study. During FY12: • A community based screening study was carried out with fistula clients at Argungu and Augie Local Governments of Kebbi State; the second part of the study will be carried out in Cross River State in the next quarter. See Result 3 under the global section of this report for more details. • Provider's retreats were held in the first and fourth quarters to review project data and discuss concerns and future planning and to review and share strategies and challenges in service provision. • 109 individuals participated in training on DDM and data management.
Policy Work (Result 4)	During FY12: • The National Strategic Framework for Elimination of Fistula in Nigeria was reviewed and renewed. In addition, the standards of fistula practice for doctors and nurses have been reviewed and adopted for use. These documents have been printed and will soon be disseminated. • In the second quarter, FC participated in a stakeholders' meeting with the MoH on mainstreaming data collection and reporting into state health management information system routine activity. This is one way of ensuring fistula data continue to be collected by the state with upward reporting to the national level for decision making on achieving the strategic goal of eradicating fistula in Nigeria.

KEY INDICATORS SNAP SHOT NIGERIA						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	344	387	471	518	**1,720**
	% women who had surgery who have closed fistula at discharge	75%	76%	72%	77%	**75%**
	% women who had surgery who experienced complications	1%	0%	0%	0%	**0%**
	# Surgeons Trained	0	4	4	9	**15**[76]
	# other health trained	18	107	18	74	**217**
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	89	896	167	647	**1,799**
	# persons reached in community outreach	16,762	41,152	92,378	274,518	**424,810**
	# births	490	921	616	726	**2753**
	% of births c section	6%	6%	7%	5%	**6%**
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	78%	78%	78%	89%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	28	25	28	28	**28**
Data Trends and Explanations	The first quarter of the fiscal year always faces the challenges of the Hajj and Christmas periods and the fourth quarter that of Eid, during which time many partners are unavailable. In addition, the political and labor unrest throughout the country has impacted service provision throughout the fiscal year and resulted in backlogs as the master surgeon who usually does repairs at Kano and Katsina was not on-site. Limited bed space resulted in a backlog at Ogoja, as they commenced services in the first quarter with a pooled repair effort. The project is also working with state authorities to expedite the furnishing of newly renovated wards onsite. A pooled effort planned for Bauchi in the third quarter did not occur					

[76] One surgeon received first training in the second quarter and continuing training in the third quarter, and another received first training in the third quarter and continuing training in the fourth quarter. These are each only counted once in the FY total.

	because the Government did not meet its promise to feed the women before and after repair. The cases were rescheduled for the pooled effort that took place in the fourth quarter. Ebonyi backlog is due to focus on repairing prolapse during the first several quarters, which resulted in less fistula repair. In Sokoto, backlog was due to the complexity of cases that needed to wait for a visit from an expert surgeon. Explanations for low closed and dry rates include: *Ningi, Sobi and Ogoja:* These facilities are seeing more women with long standing fistula associated with urethral involvement and some previously unsuccessful fistula repair, making continence at first repair very difficult. *Katsina and Sokoto*: These two facilities have a large number of women with difficult cases or poorly managed fistula that require not just repair but reconstructive surgery. Most of the women present with large fistula size, and marked vaginal scarring. *Kebbi*: It is posited that low success rates may be the result of frequent staff turnover. The project is investigating further.

Figure NIG1. Total number of repairs by site and year, Nigeria

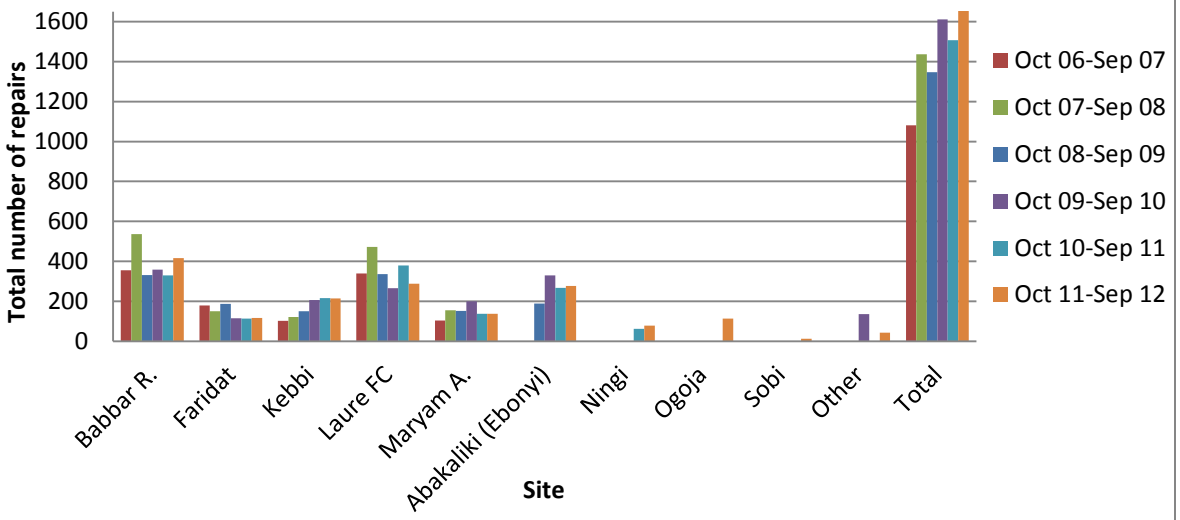


Figure NIG2. Total number of repairs by site and quarter, Oct 11 - Sep 12, Nigeria

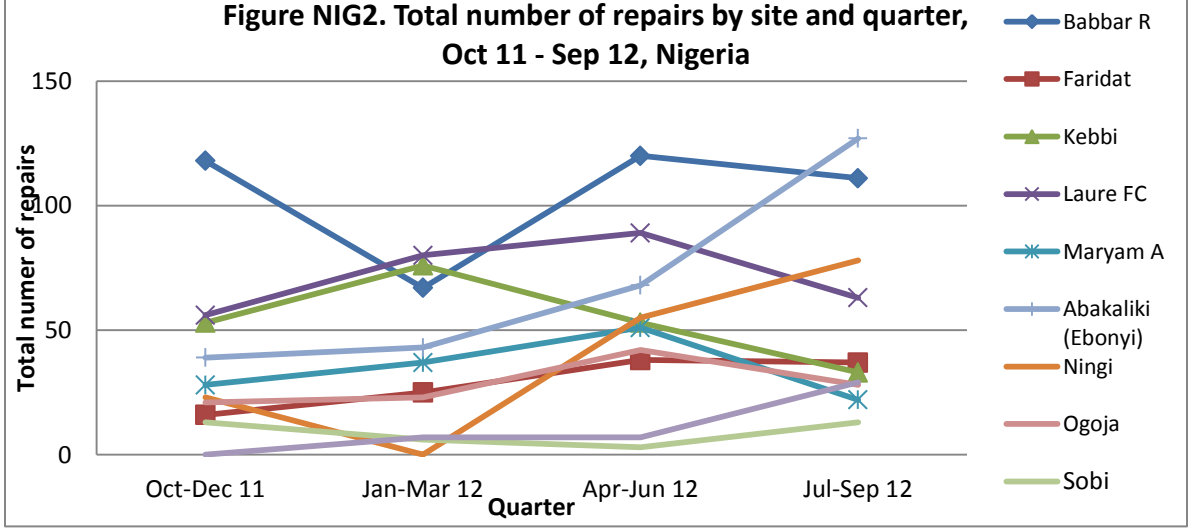


Figure NIG3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY, Nigeria

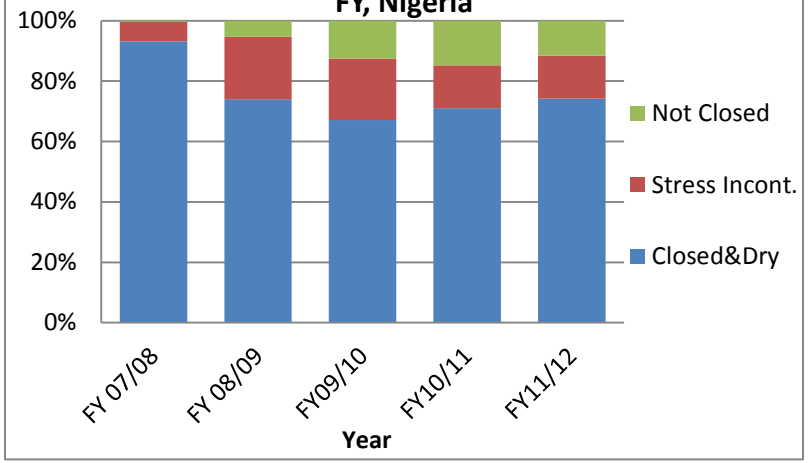


Figure NIG 4. Demand for Services, October 2007 - September 2012, Nigeria

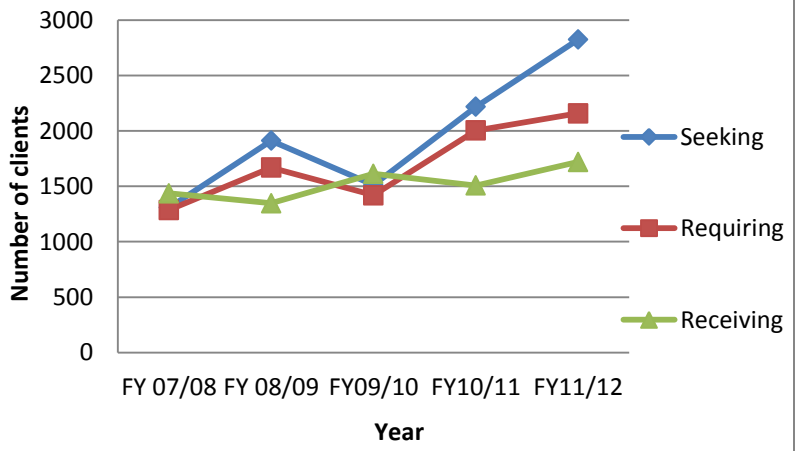


Table NIG1. Clinical Indicators by Site, October 2011 – September 2012, Nigeria

	Babbar Ruga					Faridat Yakuba					GH Ogoja				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	74	117	111	180	482	11	31	35	46	123	58	30	72	59	219
No. requiring FRS	74	292	111	153	630	11	26	35	46	118	37	25	42	34	138
No. receiving FRS	**118**	**67**	**120**	**111**	**416**	**16**	**25**	**38**	**37**	**116**	**21**	**23**	**42**	**28**	**114**
Percent receiving FRS	**159%**	**23%**	**108%**	**73%**	**66%**	**145%**	**96%**	**109%**	**80%**	**98%**	**57%**	**92%**	**100%**	**82%**	**83%**
Type of FRS performed															
----urinary only	108	62	111	91	372	13	25	36	35	109	20	22	40	26	108
----urinary & RVF	8	1	4	6	19	1	0	0	1	2	0	1	1	1	3
----RVF only	2	4	5	14	25	2	0	2	1	5	1	0	1	1	3
For 'Urinary only' or 'Urinary and RVF' repairs															
-----first repair	88	51	83	76	298	14	13	15	12	54	10	12	14	16	52
-----second repair	24	12	23	15	74	0	10	10	12	32	7	8	16	3	34
----->2	4	0	9	6	19	0	2	11	12	25	3	3	11	8	25
% women with first repair (urinary only)	**76%**	**81%**	**72%**	**78%**	**76%**	**100%**	**52%**	**42%**	**33%**	**49%**	**50%**	**52%**	**34%**	**59%**	**47%**
# discharged after FRS (urinary only)	87	73	19	175	354	13	16	35	44	108	20	22	40	18	100
# discharged after FRS (urinary & RVF)	8	1	0	10	19	1	0	0	1	2	0	1	1	1	3
# discharged after FRS (RVF only)	2	4	0	15	21	2	0	3	1	6	1	0	1	1	3
Total no. discharged after FRS	**97**	**78**	**19**	**200**	**394**	**16**	**16**	**38**	**46**	**116**	**21**	**23**	**42**	**20**	**106**
# not discharged after FRS	21	10	111	22	164	0	9	9	0	18	0	0	0	8	8
Outcome of FRS (urinary only & urinary/RVF)															
----No. with closed fistula who are dry	73	69	10	163	315	10	14	26	31	81	18	22	29	13	82

	Babbar Ruga					Faridat Yakuba					GH Ogoja				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
----No. with closed fistula & stress incontinence	22	5	9	20	56	1	1	8	11	21	2	1	12	1	16
-----No. whose fistula was not closed	0	0	0	2	2	3	1	1	3	8	0	0	0	5	5
% with closed fistula who are dry (urinary only & urinary/RVF)	**77%**	**93%**	**53%**	**88%**	**84%**	**71%**	**88%**	**74%**	**69%**	**74%**	**90%**	**96%**	**71%**	**68%**	**80%**
Outcome of FRS (RVF only)															
----closed and dry	2	4	0	14	20	1	0	3	1	5	1	0	1	1	3
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----incontinent with firm stool	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**100%**	**0%**	**93%**	**95%**	**50%**	**0%**	**100%**	**100%**	**83%**	**100%**	**0%**	**100%**	**100%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**77%**	**94%**	**53%**	**89%**	**85%**	**69%**	**88%**	**76%**	**70%**	**74%**	**90%**	**96%**	**71%**	**70%**	**80%**
# with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1 (Continued1)

	Kebbi					Laure Fistula Ctr.					Maryam Abacha				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	36	48	68	69	221	157	145	293	219	814	32	58	79	63	232
No. requiring FRS	53	48	65	64	230	91	82	89	81	343	32	57	73	63	225
No. receiving FRS	**53**	**76**	**53**	**33**	**215**	**56**	**80**	**89**	**63**	**288**	**28**	**37**	**51**	**22**	**138**
Percent receiving FRS	**100%**	**158%**	**82%**	**52%**	**93%**	**62%**	**98%**	**100%**	**78%**	**84%**	**88%**	**65%**	**70%**	**35%**	**61%**
Type of FRS performed															
-----urinary only	52	72	46	27	197	44	65	79	61	249	25	34	48	21	128
-----urinary & RVF	1	3	6	0	10	5	6	1	1	13	0	2	0	0	2
-----RVF only	0	1	1	6	8	7	9	9	1	26	3	1	3	1	8
For 'Urinary only' or 'Urinary and RVF' repairs															
----first repair	19	26	35	16	96	31	64	64	53	212	17	21	27	13	78
----second repair	23	22	5	4	54	13	1	10	5	29	3	8	15	6	32
----->2	11	27	12	7	57	5	6	6	4	21	5	7	6	2	20
% women with first repair (urinary only)	**36%**	**35%**	**67%**	**59%**	**46%**	**63%**	**90%**	**80%**	**85%**	**81%**	**68%**	**58%**	**56%**	**62%**	**60%**
No. discharged after FRS (urinary only)	52	83	49	7	191	86	60	56	50	252	22	18	46	38	124
No. discharged after FRS (urinary & RVF)	1	4	1	5	11	7	6	1	0	14	0	0	2	0	2
No. discharged after FRS (RVF only)	0	1	0	1	2	8	9	8	1	26	1	0	2	3	6
Total no. discharged after FRS	**53**	**88**	**50**	**13**	**204**	**101**	**75**	**65**	**51**	**292**	**23**	**18**	**50**	**41**	**132**
# not discharged after FRS	22	10	13	33	78	0	5	29	41	75	5	24	25	6	60
Outcome of FRS (urinary only & urinary/RVF)															
----No. with closed fistula who are dry	30	49	33	5	117	79	51	57	43	230	10	7	26	28	71

	Kebbi					Laure Fistula Ctr.					Maryam Abacha				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. with closed fistula & stress incontinence	7	12	8	5	32	14	15	0	7	36	7	2	11	7	27
-----No. whose fistula was not closed	16	26	9	2	53	0	0	0	0	0	5	9	11	3	28
% with closed fistula who are dry (urinary only & urinary/RVF)	**57%**	**56%**	**66%**	**42%**	**58%**	**85%**	**77%**	**100%**	**86%**	**86%**	**45%**	**39%**	**54%**	**74%**	**56%**
Outcome of FRS (RVF only)															
----closed and dry	0	1	0	1	2	8	9	8	1	26	1	0	2	2	5
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**100%**	**0%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**0%**	**100%**	**67%**	**83%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**57%**	**57%**	**66%**	**46%**	**58%**	**86%**	**80%**	**100%**	**86%**	**88%**	**48%**	**39%**	**56%**	**73%**	**58%**
# with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1 (Continued2)

	Abakaliki Fistula Centre					Ningi					Sobi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	105	125	144	181	555	0	41	0	63	104	18	6	5	15	44
No. requiring FRS	40	43	92	141	316	0	35	0	55	90	16	6	4	15	41
No. receiving FRS	**39**	**43**	**68**	**127**	**277**	**0**	**23**	**0**	**55**	**78**	**13**	**6**	**3**	**13**	**35**
Percent receiving FRS	**98%**	**100%**	**74%**	**90%**	**88%**	**0%**	**66%**	**0%**	**100%**	**87%**	**81%**	**100%**	**75%**	**87%**	**85%**
Type of FRS performed															
------urinary only	36	43	64	122	265	0	21	0	51	72	11	6	3	12	32
------urinary & RVF	1	0	0	1	2	0	1	0	0	1	0	0	0	1	1
------RVF only	2	0	4	4	10	0	1	0	4	5	2	0	0	0	2
For 'Urinary only' or 'Urinary and RVF' repairs															
-----first repair	34	41	61	93	229	0	12	0	27	39	9	5	3	4	21
-----second repair	3	2	3	20	28	0	6	0	15	21	0	0	0	8	8
----->2	0	0	0	10	10	0	4	0	9	13	2	1	0	1	4
% women with first repair (urinary only)	**92%**	**95%**	**95%**	**76%**	**86%**	**0%**	**55%**	**0%**	**53%**	**53%**	**82%**	**83%**	**100%**	**31%**	**64%**
No. discharged after FRS (urinary only)	36	7	98	113	254	20	0	21	18	59	11	0	9	12	32
No. discharged after FRS (urinary & RVF)	1	0	0	1	2	0	0	1	0	1	0	0	0	1	1
No. discharged after FRS (RVF only)	2	0	4	4	10	0	0	1	3	4	2	0	0	0	2
Total no. discharged after FRS	**39**	**7**	**102**	**118**	**266**	**20**	**0**	**23**	**21**	**64**	**13**	**0**	**9**	**13**	**35**
# not discharged after FRS	0	36	1	10	47	0	23	0	34	57	0	6	0	0	6
Outcome of FRS (urinary only & urinary/RVF)															
-----No. with closed fistula who are dry	31	6	69	74	180	10	0	14	10	34	9	0	2	11	22

	Abakaliki Fistula Centre					Ningi					Sobi				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. with closed fistula & stress incontinence	2	1	4	7	14	1	0	4	3	8	1	0	6	1	8
-----No. whose fistula was not closed	4	0	25	33	62	9	0	4	5	18	1	0	1	1	3
% with closed fistula who are dry (urinary only & urinary/RVF)	**84%**	**86%**	**70%**	**65%**	**70%**	**50%**	**0%**	**64%**	**56%**	**57%**	**82%**	**0%**	**22%**	**85%**	**67%**
Outcome of FRS (RVF only)															
-----closed and dry	2	0	4	4	10	0	0	1	3	4	2	0	0	0	2
-----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**100%**	**100%**	**0%**	**0%**	**100%**	**100%**	**100%**	**100%**	**0%**	**0%**	**0%**	**100%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**85%**	**86%**	**72%**	**66%**	**71%**	**50%**	**0%**	**65%**	**62%**	**59%**	**85%**	**0%**	**22%**	**85%**	**69%**
# with complications after FRS	4	0	0	0	4	0	0	0	0	0	0	0	0	0	0
-----Major surgical complications	4	0	0	0	4	0	0	0	0	0	0	0	0	0	0
-----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**10%**	**0%**	**0%**	**0%**	**2%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1 (Continued3)

	Other[77]					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	0	15	15	n/a	30	491	616	822	895	2824
No. requiring FRS	0	14	14	n/a	28	354	628	525	652	2159
No. receiving FRS	**0**	**7**	**7**	**29**	**43**	**344**	**387**	**471**	**518**	**1720**
Percent receiving FRS	**0%**	**50%**	**50%**	**n/a%**	**154%**	**97%**	**62%**	**90%**	**79%**	**80%**
Type of FRS performed										
---------- urinary only	0	5	5	n/a	10	309	355	432	446	1542
---------- urinary & RVF	0	2	2	n/a	4	16	16	14	11	57
---------- RVF only	0	0	0	n/a	0	19	16	25	32	92
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	0	6	6	n/a	12	222	251	308	310	1091
---------- second repair	0	0	0	n/a	0	73	69	82	88	312
---------- >2	0	1	1	n/a	2	30	51	56	59	196
Percent women with first repair (urinary only)	**0%**	**86%**	**86%**	**n/a%**	**86%**	**68%**	**68%**	**69%**	**68%**	**68%**
No. discharged after FRS (urinary only)	0	4	5	n/a	9	347	283	378	475	1483
No. discharged after FRS (urinary & RVF)	0	1	0	n/a	1	18	13	6	19	56
No. discharged after FRS (RVF only)	0	0	0	n/a	0	18	14	19	29	80
Total no. discharged after FRS	**0**	**5**	**5**	**n/a**	**10**	**383**	**310**	**403**	**523**	**1619**
No. not discharged after FRS	0	2	4	n/a	6	48	125	192	154	519
Outcome of FRS (urinary only & urinary/RVF)										
-----No. with closed fistula who are dry	0	5	5	n/a	10	270	223	271	378	1142
-----No. with closed fistula & stress incontinence	0	0	0	n/a	0	57	37	62	62	218

[77] In the second and third quarters, "Other" refers to repairs carried out by Professor Ojengbede of the University Teaching Hospital, Ibadan, one of the trainers on the FC project. People reached via radio program from the south west of Nigeria are sent to him for repairs because of the distance, and he also assists in repairing difficult cases. The number of repairs accounts for the number of cases referred to him for repair during the quarters. In the fourth quarter, 5 repairs were carried out by Dr. Ojengbede and 24 repairs were performed at Zaria, through support to Dr. Kees. Details on these repairs was not available at the time of reporting.

	Other[77]					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. whose fistula was not closed	0	0	0	n/a	0	38	36	51	54	179
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**0%**	**100%**	**100%**	**n/a%**	**100%**	**74%**	**75%**	**71%**	**77%**	**74%**
Outcome of FRS (RVF only)										
------closed and dry	0	0	0	n/a	0	17	14	19	27	77
------incontinent with water stool and /or flatus (gas)	0	0	0	n/a	0	0	0	0	1	1
------incontinent with firm stool	0	0	0	n/a	0	1	0	0	1	2
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**n/a%**	**0%**	**94%**	**100%**	**100%**	**93%**	**96%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**0%**	**100%**	**100%**	**n/a%**	**100%**	**75%**	**76%**	**72%**	**77%**	**75%**
No. with complications after FRS	0	0	0	n/a	0	4	0	0	0	4
---------- Major surgical complications	0	1	0	n/a	1	4	1	0	0	5
---------- Anesthesia-related complication	0	0	0	n/a	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	n/a	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**n/a%**	**0%**	**1%**	**0%**	**0%**	**0%**	**0%**

Table NIG2. Number of Persons Trained by Topic, October 2011 – September 2012, Nigeria

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Abakaliki					
Infection Prevention	0	0	15	0	**15**
Continuing training in surgical repair for fistula	0	0	0	1	**1**
Faridat General Hospital					
Continuing training in surgical repair for fistula	0	0	1	0	**1**
Ogoja					
Long acting contraceptive methods	0	10	0	0	**10**
Family planning	0	11	0	0	**11**
Data management	0	13	0	0	**13**
First training in fistula repair	0	0	1	3	**4**
Continuing training in surgical repair for fistula	0	0	0	1[78]	**1**
Pre- and post-operative care	0	0	3	0	**3**
Lagos University Teaching Hospital					
First training in fistula repair	0	0	0	3	**3**
Laure VVF Center					
Family planning counseling	12	0	0	0	**12**
Babbar Ruga					
Pre- and post-operative fistula management	3	0	0	0	**3**
Kebbi					
First training in surgical repair for fistula	0	1	0	0	**1**
Pre- and post-operative fistula management	3	0	0	0	**3**
Jos					
Continuing training in surgical repair for fistula	0	0	0	1	**1**
Sobi					
Long acting contraceptive methods	0	10	0	0	**10**
Data management	0	9	0	0	**9**
Pre- and post-operative fistula management	0	4	0	0	**4**
Maryam Abacha					
Family planning	0	21	0	0	**21**
Data management	0	29	0	0	**29**
Ningi					
Infection prevention	0	0	0	16	**16**
Abuja					
Data for decision making	0	0	0	9	**9**
Calabar					
Data for decision making	0	0	0	49	**49**
University Teaching Hospital, Ibadan					
First training in surgical repair for fistula	0	3	1	0	**4**
Continuing training in surgical repair for fistula	0	0	1	0	**1**[79]
Total	**18**	**111**	**22**	**83**	**232**

[78] One surgeon received first training in the third quarter and continuing training in the fourth quarter and is therefore only counted once in the FY total.

[79] One surgeon received first training in the second quarter and continuing training in the third quarter and is therefore only counted once in the FY total.

Table NIG3. Number of Community Outreach Events and Persons Reached by State, October 2011 – September 2012, Nigeria

State	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kebbi	24	6,096	801	23,564	28	47,646	313	145,801	1,166	223,107
Sokoto	22	568	57	6,491	22	9,871	120	39,865	221	56,621
Zamfara	25	2,659	29	6,903	74	19,808	207	82,788	335	112,158
Ebonyi	6	2,673	0	0	6	2,673	0	0	12	4,098
Cross River	12	2,291	9	4,188	37	12,380	7	6,244	65	27,578
Total	**89**	**16,762**	**896**	**41,152**	**167**	**92,378**	**647**	**274,518**	**1,799**	**424,810**

Table NIG4. Number of FP Clients by Method and Number Counseled about FP, by State. October 2011 – September 2012, Nigeria.

FP Methods	Ebonyi (7 sites)	Kebbi (5 sites)	Katsina (1 site)	Zamfara (3 sites)	Kano (6 sites)	Sokoto (2 sites)	Kwara (1 site)	Cross River (1 site)	Country Total
Oral Pill	149	966	38	200	967	331	106	188	**2,945**
IUCD	66	79	3	53	269	43	18	207	**738**
Condom (male)	174	31	4	14	24	21	0	211	**479**
Condom (female)	23	8	0	0	6	2	0	29	**68**
Injectable	817	1,403	55	1,968	2,970	2,422	321	445	**10,401**
Implant	79	150	4	157	0	247	24	90	**751**
Tubal Ligation	2	5	0	1	0	0	0	0	**8**
Vasectomy	0	0	0	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**1,310**[80]	**2,642**	**104**	**2,393**[81]	**4,236**	**3,066**	**469**	**1,170**	**15,390**
Total Number of clients counseled about FP methods	1,895	3,019	385	2,674	4,719	3,379	490	1,670	**18,231**

[80] In addition, two sites in Ebonyi reported 2 users of natural family planning and one user of emergency contraception.
[81] In addition, one site in Zamfara reported 44 users of LAM.

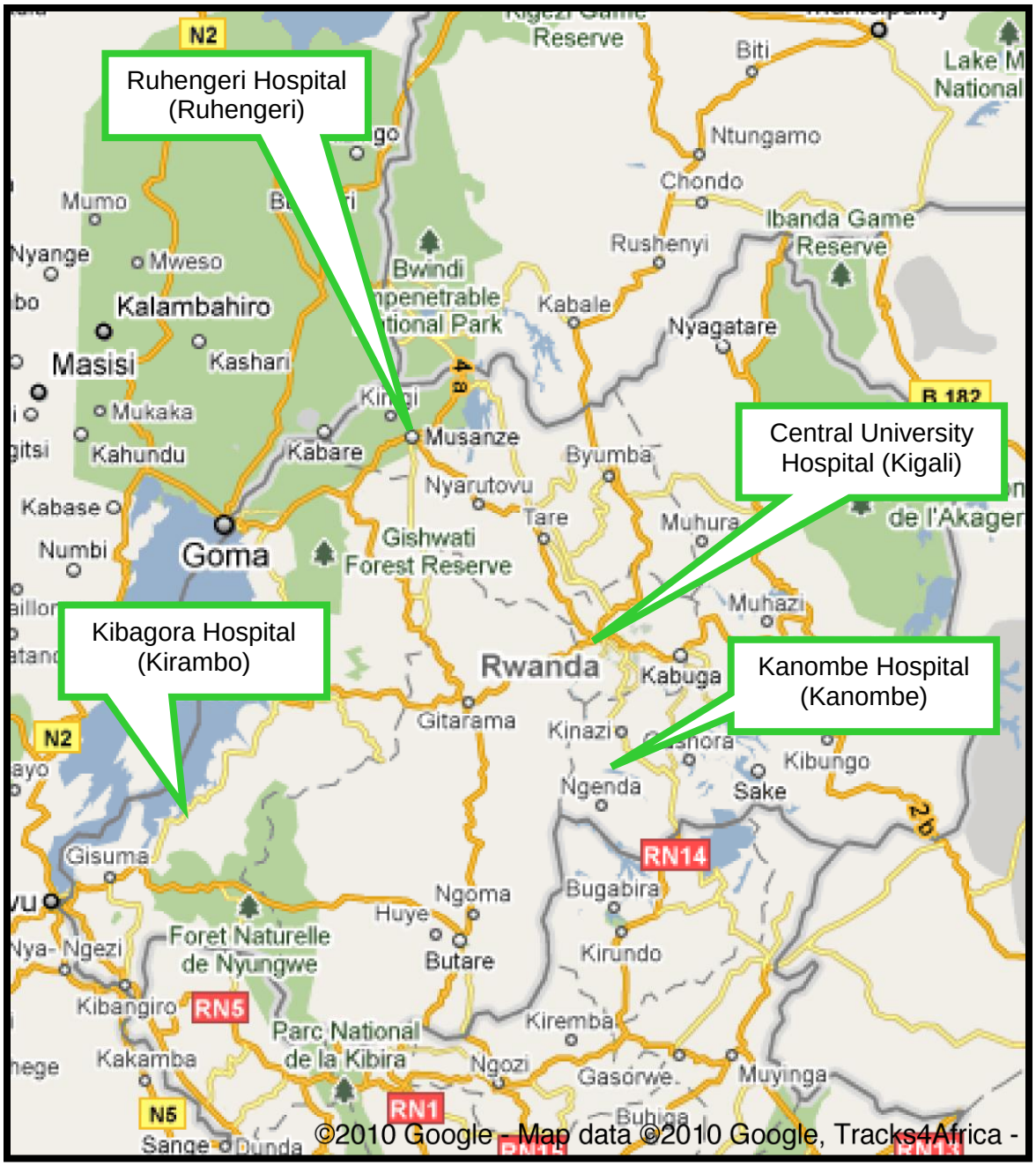
Table NIG5. Obstetric Services, by site. October 2011 – September 2012, Nigeria

Obstetric Services	Argungu General Hospital	Faridat Yakuba	Maiyama General Hospital[82]	Maryam Abacha	Sobi[83]	Country Total
Number of vaginal deliveries	464	626	263	847	387	**2,587**
Number of C sections	3	54	18	35	56	**166**
Total Number of deliveries	**467**	**680**	**281**	**882**	**443**	**2,753**
Percent deliveries by C section	1%	8%	6%	4%	13%	**6%**

Table NIG6. Pooled Effort Events for Fistula Repair, October 2011-September 2012, Nigeria

Location	Date	Number repairs	*Number surgeons*
Kebbi	Oct 2011	24	*2*
	Feb-Mar 2012	65	*2*
	September 2012	33	*2*
Bauchi	March 2012	23	*2*
	August 2012	21	*2*
	September 2012	34	*2*
Sobi	Nov 2011	13	*2*
Ogoja	Nov-Dec 2011	21	*3*
	Jan-Feb 2012	23	*2*
	April-May 2012	27	*3*
	May 2012	15	*2*
	August 2012	20	*8*
	September 2012	8	*6*
Sokoto	April 2012	25	*4*
	June 2012	24	*4*
Abakaliki	May 2012	55	*2*
Ebonyi	July 2012	32	*4*
Faridat	September 2012	32	*2*
Total	**18 pooled efforts**	**495**	**54**

[82] Data only available for the second, third and fourth quarters.
[83] Data only available for the second, third and fourth quarters.


Ruhengeri Hospital (Ruhengeri)
Central University Hospital (Kigali)
Kibagora Hospital (Kirambo)
Kanombe Hospital (Kanombe)
N2
Reserve
Biti
Lake M
National
Ntungamo
Chondo
Mumo
Ibanda Game Reserve
Rushenyi
Nyange
Mweso
Bwindi
Kalambahiro
Kabale
Nyagatare
Masisi
Kashari
Mukaka
Kahundu
Kabare
Musanze
Byumba
Nyarutovu
Tare
Muhura
Kabase
Numbi
Goma
Gishwati Forest Reserve
Muhazi
Rwanda
Kabuga
Gitarama
Kinazi
Kibungo
Ngenda
Sake
RN14
Gisuma
Ngoma
Bugabira
Huye
Foret Naturelle de Nyungwe
Butare
Kirundo
Kibangiro
RN5
Parc National de la Kibira
Kiremba
Kakamba
Ngozi
Gasorwe
Muyinga
N5
RN1
Sange
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PROGRAM ACHIEVEMENT SNAPSHOT RWANDA	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	March 2006 through the ACQUIRE Project
Supported Sites	Four public sector sites providing fistula repair: • Central University Hospital of Kigali (CHUK) • Ruhengeri District Hospital • Kanombe Hospital • Kibogora Hospital
Background	The Rwanda EngenderHealth office opened in 2009. Fistula Care works closely with the MOH and other in country partners to raise the visibility of the fistula program. At the request of the USAID/Rwanda mission, Fistula Care supported the Ministry of Health in a fistula site assessment to increase the availability of fistula services. Based on this assessment, in FY 10/11 FC began support to one additional treatment site (Kibogora); limited support in training was provided to three prevention sites (Gahini, Kabgayi and Nyamata). These prevention sites are not receiving on going support and therefore not counted as supported sites. The project has been training one surgeon and nursing staff in fistula repair and care from Kibogora hospital. Due to insufficient funding, the Rwanda office closed April 30, 2012. The project continues to provide support for service delivery and staff training to CHUK, Ruhengeri and Kanombe hospitals through sub-awards until July 30, 2013. The project will maintain one Global Team Senior Medical Associate in country to support the sub-recipients and to provide technical assistance to USAID/Rwanda and the MOH as needed. She will also support fistula activities in the region.
Treatment strategies (Result 1)	The principal focus of FC's work in Rwanda is to increase surgeon capacity through training and strengthen facilities by providing equipment and supplies for fistula repair surgery. Though routine repairs have been initiated at two of the sites since 2009, the majority of repairs continue to be done through concentrated sessions which are crucial to continue advancing local capacity to address the backlog of cases, especially complex repairs. Currently, routine services are available at CHUK and Kanombe Military Hospital, though extensive renovations at both sites have interrupted service delivery. The surgeon trained at Ruhengeri has achieved competency to repair simple to medium complex cases and has now left Ruhengeri to join an Ob.Gyn master's program, based at CHUK. The project will continue to support a combined approach of routine services and organized sessions to continue to build local capacity while reducing the backload of fistula cases. During FY12: • A total of 114 repairs were supported (59% fewer than 278 surgeries in FY11). • 82% of discharged patients were closed and dry, compared to 75% in FY11.

PROGRAM ACHIEVEMENT SNAPSHOT RWANDA	
	• 7 surgeons received continuing training in fistula repair, and four nurses were trained in pre- and post-operative care. • 10 fistula kits were given to 5 sites: Gahini, Kibogora, Kabgayi, Myamata and CHUB to improve outreach efforts at those sites. • Surgical equipment was provided to Kanombe Hospital. FC is supporting renovations in the fistula ward that will increase the number of beds.
Prevention strategies (Result 2)	During FY12: • Facilitative supervision trainings were conducted with 13 providers at Kanombe and CHUK. • 50 providers were trained in family planning and counseling at CHUK and Kanombe Hospitals. • Obstetric and FP services from Kanombe were being handled at Masaka (a district hospital in Kicukiro) due to the renovations at Kanombe.
Data utilization (Result 3)	During FY12: • Routine data collection took place and sites met to review their fistula data. • DDM training was held for 13 providers at Kanombe and CHUK during facilitative supervision training. • Fistula has been included on the list of conditions that health facilities must report on to the National Management Information System.
Policy Work (Result 4)	Fistula Care is part of the National Safe Motherhood Technical Group (NSMTG) in Rwanda and serves as the chair of the Fistula Steering Committee through the Maternal Health task force. A draft National Fistula Strategy has been developed and is being reviewed by the MOH and the members of the NSMTG.

KEY INDICATORS SNAP SHOT RWANDA						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	81	21	10	2	114
	% women who had surgery who have closed fistula at discharge	80%	88%	83%	100%	82%
	% women who had surgery who experienced complications	0%	0%	0%	0%	0%
	# Surgeons Trained	5	7	0	0	7
	# other health trained	0	17	30	20	67
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	7	0	0	0	7
	# persons reached in community outreach	86	0	0	0	86
	# births	2207	2027	2723	1645	8602
	% of births c section	32%	36%	37%	44%	37%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	50%	0%	25%	75%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	4	4	4	4	4
Data Trends and Explanations	• Both CHUK and Kanombe hospitals are undergoing extensive renovations, and as a result are generally only attending to emergency cases, and no other services. • One fistula surgeon from Ruhengeri has left and joined an Ob/Gyn master's program, based at CHUK.					

Figure RWA 1. Total number of repairs by site and year, Rwanda

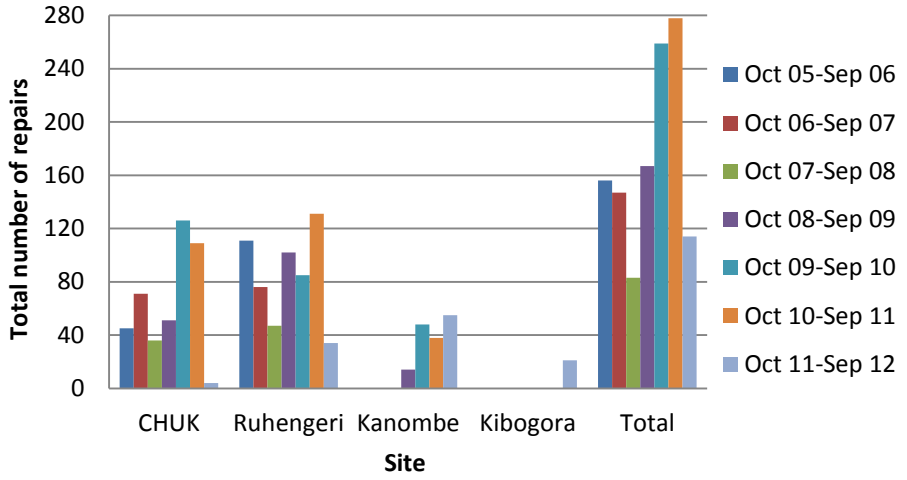


Figure RWA 2. Total number of repairs by site and quarter, Oct 11 - Sep 12, Rwanda

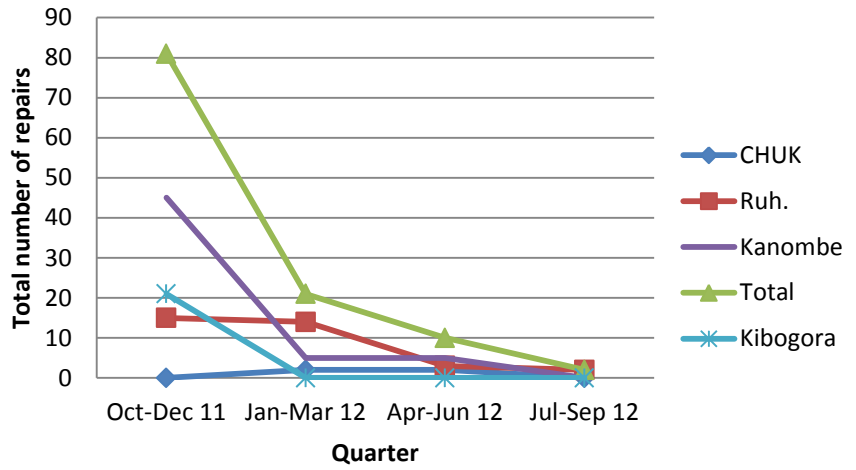


Figure RWA 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY

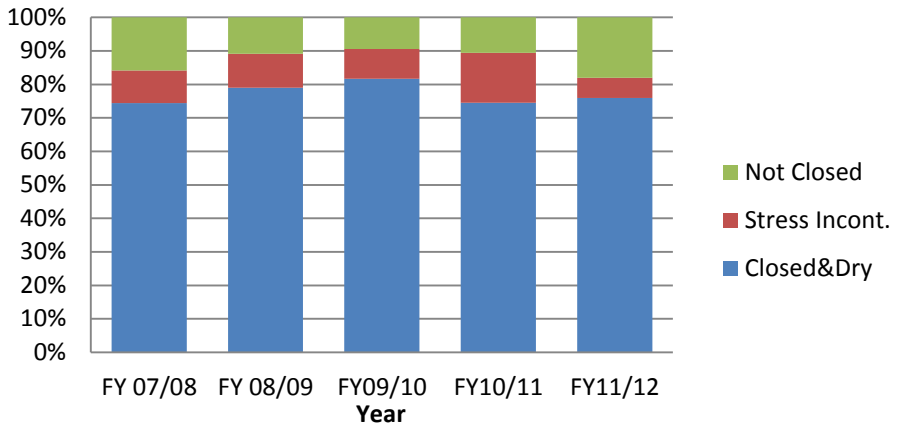


Figure RWA 4. Demand for Services, October 2007 - September 2012, Rwanda

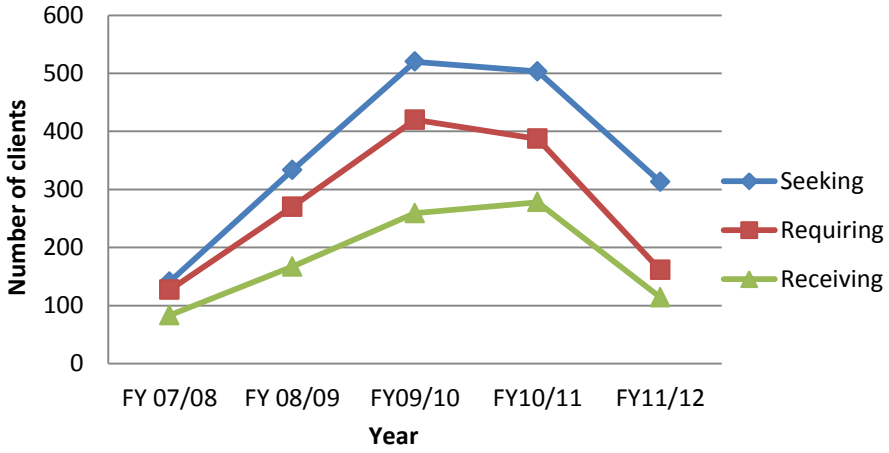


Table RWA 1. Clinical Indicators by Site, October 2011 – September 2012, Rwanda

	CHUK					Kanombe					Kibogora				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	0	3	4	1	8	138	12	7	0	157	68	0	0	1	69
No. requiring FRS	0	2	2	1	5	88	7	5	0	100	21	0	0	1	22
No. receiving FRS	**0**	**2**	**2**	**0**	**4**	**45**	**5**	**5**	**0**	**55**	**21**	**0**	**0**	**0**	**21**
Percent receiving FRS	**0%**	**100%**	**100%**	**0%**	**80%**	**51%**	**71%**	**100%**	**0%**	**55%**	**100%**	**0%**	**0%**	**0%**	**95%**
Type of FRS performed															
-----urinary only	0	2	2	0	4	31	3	2	0	36	19	0	0	0	19
-----urinary & RVF	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
-----RVF only	0	0	0	0	0	13	2	3	0	18	2	0	0	0	2
For 'Urinary only' or 'Urinary and RVF' repairs															
----first repair	0	1	1	0	2	22	2	2	0	26	12	0	0	0	12
----second repair	0	1	1	0	2	5	1	0	0	6	3	0	0	0	3
---->2	0	0	0	0	0	5	0	0	0	5	4	0	0	0	4
Percent women with first repair (urinary only)	**0%**	**50%**	**50%**	**0%**	**50%**	**69%**	**67%**	**100%**	**0%**	**70%**	**63%**	**0%**	**0%**	**0%**	**63%**
No. discharged after FRS (urinary only)	0	1	2	0	3	26	8	2	0	36	19	0	0	0	19
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	0	13	2	3	0	18	2	0	0	0	2
Total no. discharged after FRS	**0**	**1**	**2**	**0**	**3**	**40**	**10**	**5**	**0**	**55**	**21**	**0**	**0**	**0**	**21**
No. not discharged after FRS	0	1	1	0	2	5	0	0	0	5	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)															
-----No. with closed fistula who are dry	0	1	2	0	3	24	6	1	0	31	13	0	0	0	13

	CHUK					Kanombe					Kibogora				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
-----No. with closed fistula & stress incontinence	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
-----No. whose fistula was not closed	0	0	0	0	0	2	2	1	0	5	6	0	0	0	6
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**0%**	**100%**	**100%**	**0%**	**100%**	**89%**	**75%**	**50%**	**0%**	**84%**	**68%**	**0%**	**0%**	**0%**	**68%**
Outcome of FRS (RVF only)															
----closed and dry	0	0	0	0	0	13	2	3	0	18	2	0	0	0	2
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**	**0%**	**100%**	**100%**	**0%**	**0%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**0%**	**100%**	**100%**	**0%**	**100%**	**93%**	**80%**	**80%**	**0%**	**89%**	**71%**	**0%**	**0%**	**0%**	**71%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table RWA 1. Clinical Indicators by Site, October 2011 – September 2012, Rwanda (Continued)

	Ruhengeri					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	41	32	3	3	79	247	47	14	5	313
No. requiring FRS	15	14	3	2	34	124	23	10	4	161
No. receiving FRS	**15**	**14**	**3**	**2**	**34**	**81**	**21**	**10**	**2**	**114**
Percent receiving FRS	**100%**	**100%**	**100%**	**100%**	**100%**	**65%**	**91%**	**100%**	**50%**	**71%**
Type of FRS performed										
---------- urinary only	10	9	1	2	22	60	14	5	2	81
---------- urinary & RVF	2	0	0	0	2	3	0	0	0	3
---------- RVF only	3	5	2	0	10	18	7	5	0	30
For 'Urinary only' or 'Urinary and RVF' repairs										
---------- first repair	5	4	1	2	12	39	7	4	2	52
---------- second repair	2	2	0	0	4	10	4	1	0	15
---------- >2	5	3	0	0	8	14	3	0	0	17
Percent women with first repair (urinary only)	**42%**	**44%**	**100%**	**100%**	**50%**	**62%**	**50%**	**80%**	**100%**	**62%**
No. discharged after FRS (urinary only)	10	1	9	2	22	55	10	13	2	80
No. discharged after FRS (urinary & RVF)	2	0	0	0	2	3	0	0	0	3
No. discharged after FRS (RVF only)	3	5	2	0	10	18	7	5	0	30
Total no. discharged after FRS	**15**	**6**	**11**	**2**	**34**	**76**	**17**	**18**	**2**	**113**
No. not discharged after FRS	0	8	0	0	8	5	9	1	0	15
Outcome of FRS (urinary only & urinary/RVF)										
-----No. with closed fistula who are dry	6	1	7	2	16	43	8	10	2	63
-----No. with closed fistula & stress incontinence	4	0	0	0	4	5	0	0	0	5
---------- No. whose fistula was not closed	2	0	2	0	4	10	2	3	0	15
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**50%**	**100%**	**78%**	**100%**	**67%**	**74%**	**80%**	**77%**	**100%**	**76%**

	Ruhengeri					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Outcome of FRS (RVF only)										
----closed and dry	3	5	2	0	10	18	7	5	0	30
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
----incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**100%**	**100%**	**0%**	**100%**	**100%**	**100%**	**100%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**60%**	**100%**	**82%**	**100%**	**76%**	**80%**	**88%**	**83%**	**100%**	**82%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
---------- Major surgical complications	0	0	0	0	0	0	0	0	0	0
---------- Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
---------- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table RWA 2. Number of Persons Trained by Topic, October 2011 – September 2012, Rwanda

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
CHUB[84]					
Continuing surgical training for fistula repair	0	2	0	0	**2**
Pre- and post-operative fistula care for nurses	0	4	0	0	**4**
CHUK					
Continuing surgical training for fistula repair	2	2	0	0	**2***
Facilitative supervision	0	7	0	0	**7**
Family planning	0	0	0	20	**20**
Kanombe					
Continuing surgical training for fistula repair	1	1	0	0	**1***
Facilitative supervision	0	6	0	0	**6**
Family planning counseling and provision	0	0	30	0	**30**
Kibogora					
Continuing surgical training for fistula repair	1	1	0	0	**1***
Ruhengeri					
Continuing surgical training for fistula repair	1	1	0	0	**1***
Total	**5**	**24**	**30**	**20**	**74***

*The same surgeons received continuing training in the first and second quarters, and are only counted once in the FY total.

Table RWA 3. Number of Community Outreach Events and Persons Reached, October 2011 – September 2012, Rwanda

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Meetings by KMH staff with local leaders, health providers and community health workers to inform them about fistula, its prevention, the possibility of treatment and encourage them to look for patients	7	86	0	0	0	0	0	0	**7**	**86**
Total	**7**	**86**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**86**

[84] Though CHUB is not a supported site, during the Ruhengeri training session two surgeons received fistula repair training and two nurses each from CHUB and Kabgayi received training in pre- and post-operative care.

Table RWA 4. Number of FP Clients by Method and Number Counseled about FP, by Site, October 2011 – September 2012, Rwanda.

	CHUK[85]	Kanombe[86]	Ruhengeri	Country Total
Fistula FP Methods	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Oral Pill	2	15	343	**360**
IUCD	20	12	157	**189**
Condom (male)	0	0	44	**44**
Condom (female)	0	0	0	**0**
Injectable	4	5	594	**603**
Implant	0	3	670	**673**
Tubal Ligation	7	7	696	**710**
Vasectomy	3	2	491	**496**
Foaming Tablets	0	0	0	**0**
Total FP acceptors	**36**	**44**	**2995**	**3075**
Total Number of clients counseled about FP methods	36	75	2539	**2650**

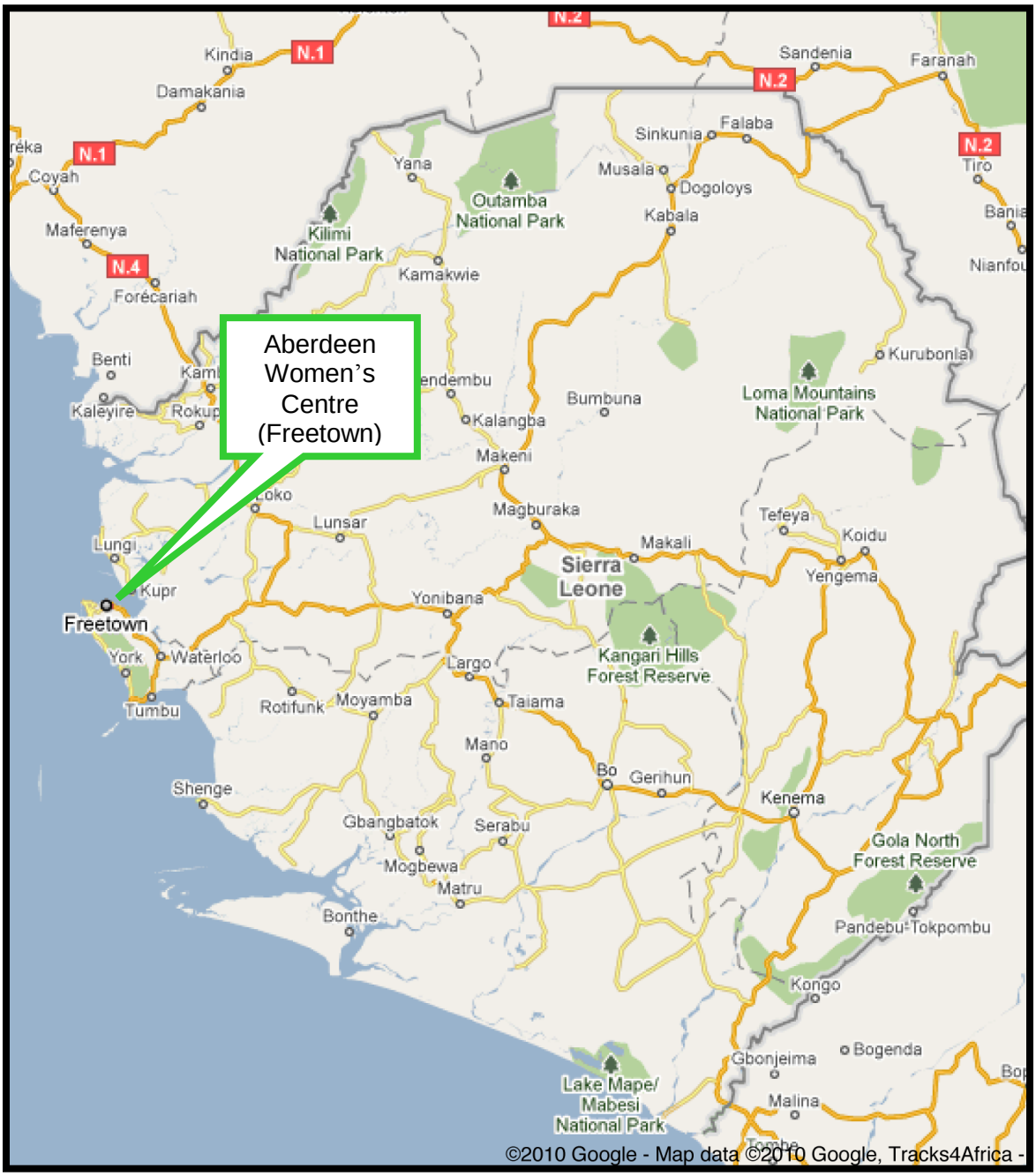
Table RWA 5. Obstetric Services, by site. October 2011 – September 2012, Rwanda.

	CHUK	Kanombe	Ruhengeri	Country Total
Obstetric Services	**FY Total**	**FY Total**	**FY Total**	**FY Total**
Number of vaginal deliveries	1066	431	3924	**5421**
Number of C sections	1124	423	1634	**3181**
Total Number of deliveries	**2190**	**854**	**5558**	**8602**
Percent deliveries by C section	51%	50%	29%	**37%**

[85] CHUK family planning data only available for the fourth quarter.

[86] Kanombe family planning data only available for the third quarter.

SIERRA LEONE



PROGRAM ACHIEVEMENT SNAPSHOT SIERRA LEONE	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	January 2007 through the ACQUIRE Project
Supported Sites	The Aberdeen Women's Centre (AWC, formerly known as the Aberdeen West Africa Fistula Centre)
Background	The AWC opened in April 2005 under the management of Mercy Ships International. In 2010 Mercy Ships transferred its authority over AWC to the Gloag Foundation (TGF). AWC provides gynaecological surgeries for childbirth injuries, maternity services, and outpatient care for children. Fistula Care supports a portion of the fistula repair unit and maternity's running costs. In January 2012 Fistula Care published a technical brief about the May 2010 launch of the maternity unit. The number of fistula patients identified and treated has increased since its low at the time of the Mercy Ships-Gloag Foundation handover. Nevertheless, the number of repairs in FY12 was lower than its peak when Fistula Care began to support Mercy Ships. As it is unlikely that the backlog of women needing repair has been adequately addressed, AWC has leveraged resources from other sources to raise awareness and identify fistula clients through a telephone hotline. During FY12, AWC continued its management structure reorganization, with an emphasis on engaging national staff as AWC leaders. There was a large turnover of midwives, as it was found that many of those on staff were also holding positions elsewhere. Negotiations continue with the MOH to permanently post key staff to the unit.
Treatment strategies (Result 1)	Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Tagie Gbawuru-Mansaray. Dr. Alyona Lewis left AWC during this FY. AWC has requested that the MOH provide a motivated trainee surgeon to work alongside Dr. Tagie Gbawuru-Mansaray. A visiting international surgeon provides additional support, especially for complex repairs. Two physiotherapy nurses work with patients in-house. During FY12: • A total of 244 repairs were supported, with an overall closed and dry rate of 71%. This is a 15% increase compared to FY11 when there were 211 repairs (and a closed and dry rate of 84%). • There were multiple screening trips, each preceded by a local radio broadcast by the screening nurse which included an interactive phone in program. • One surgeon received first training in fistula repair during the first quarter of the FY, and continuing training in the second, third and fourth quarters. • During the second and fourth quarters, concentrated repair effort s were organized with two expert surgeons during which 74 women underwent repairs, in an effort to reduce the backlog of more complex cases and further the training of the in-house surgical team.
Prevention strategies (Result 2)	Since December 2010, AWC directly provides family planning services to patients in both the repair and obstetrics programs. In-house advocacy workshops, in collaboration with Health Poverty Action, are regularly conducted to enable women receiving repairs to become advocates for fistula prevention in their communities when they return home. During FY12: • 200 women were trained through the in-house advocacy workshops.

	• On-the-job (OJT) obstetric training took place for the maternity unit staff in topics including induction of labor, postpartum hemorrhage, antepartum hemorrhage and pre-eclampsia and eclampsia, and pre-and post-fistula repair care. • The VVF hotline runs as a 24-hour service. AIRTEL, the largest mobile phone company in the country, supplies a toll-free number and the line is managed by AWC staff. UNFPA funds the cost of the hotline which FC covers patient transport, fistula repair costs and AWC staff. • The Obstetric Training Program for the maternity unit has reduced in the second half of the year during staffing challenges faced by the maternity unit for its midwifery program. • The Family Planning Service offers patients advice, counseling, and a choice of five methods: the Depo-Provera injection, the contraceptive pill, the implant, condoms and tubal ligation. Recognizing the need for additional, dedicated family planning space, AWC is leveraging resources from other donors to support renovations and the hiring of an additional family planning nurse.
Data utilization (Result 3)	AWC is one of eight participating hospitals in the RCT study on short term catheterization. Enrollment of women into the study began in the second quarter. The study is expected to be completed by June 2013. For more information, see Result 3 under the global section of this report. During FY12: • The system for collecting and recording data has been under review to ensure accuracy. A part-time volunteer has been recruited to join the administration team to oversee this process. A computer lab has been established and training in basic IT skills began in July.
Policy work (Result 4)	AWC participates in the national task force for VVF, which is led by the MOH. The task force has worked on a National Strategy for VVF in Sierra Leone, but no finalized strategy has yet been released.

KEY INDICATORS SNAP SHOT SIERRA LEONE						
Reporting Period	FY 11-12 October 2011-September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	64	80	45	55	244
	% women who had surgery who have closed fistula at discharge	74%	62%	65%	92%	71%
	% women who had surgery who experienced complications	4%	2%	2%	3%	3%
	# Surgeons Trained	1	1	1	1	1
	# other health trained	18	26	26	26	26
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	0	16	10	6	32
	# persons reached in community outreach	0	84	80	36	200
	# births	318	270	309	221	1,118
	% of births c section	17%	19%	16%	18%	17%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%	100%	100%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	1	1	1	1	1
Data Trends and Explanations	The low closed and dry rate is due to the complexity of the cases and high number of women undergoing repeat repair attempts. The numbers for arriving and seeking surgery from the last quarter (Apr – Jun) have increased due to women being deferred to return for camp. The number of women receiving surgery is higher than the number requiring because there were a number of difficult cases that had been deferred in order to schedule repairs while an international expert was visiting.					

Figure SRL 1.Total number of repairs by year, Aberdeen Women's Centre Sierra Leone

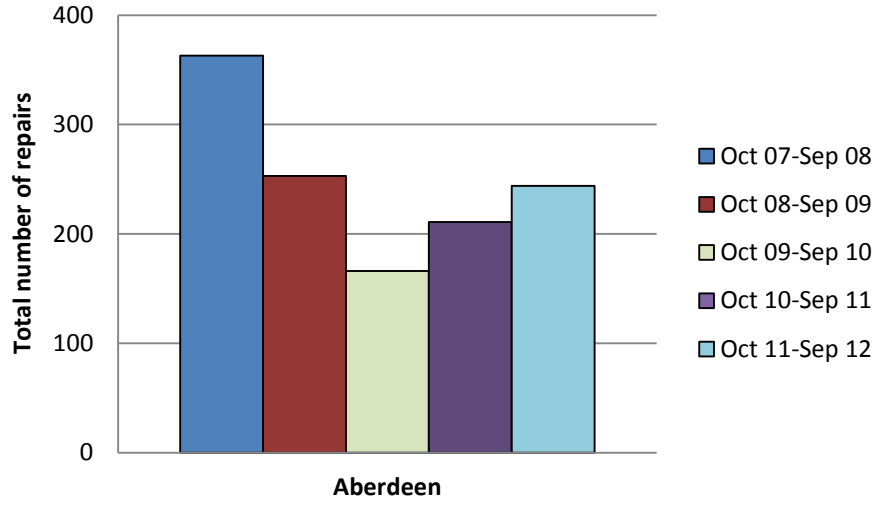


Figure SRL2. Total number of repairs by quarter, Aberdeen Women's Center, Sierra Leone Oct 11-Sep 12

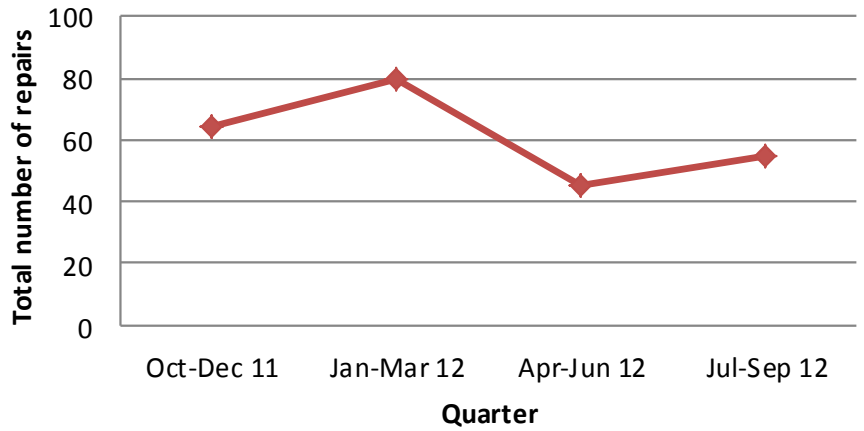


Figure SRL3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by year, Sierra Leone

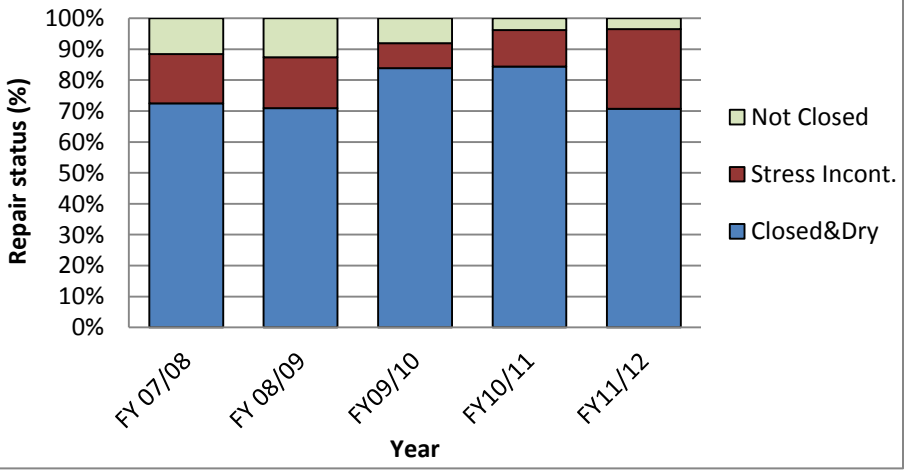


Figure SRL4. Demand for Services by year, Sierra Leone

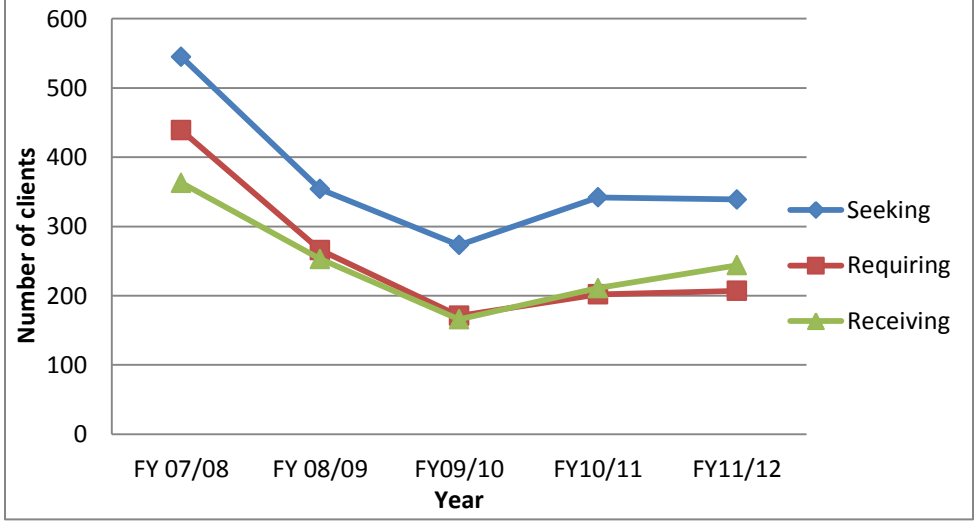


Table SRL1. Clinical Indicators, Aberdeen Women's Center, by Quarter, October 2011-September 2012

	Aberdeen Women's Centre				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	113	134	49	43	339
No. requiring FRS	67	84	38	18	207
No. receiving FRS	**64**	**80**	**45**	**55**	**244**
Percent receiving FRS	**96%**	**95%**	**118%**	**306%**	**118%**
Type of FRS performed					
---------- urinary only	63	76	45	54	238
---------- urinary & RVF	0	4	0	1	5
---------- RVF only	1	0	0	0	1
For 'Urinary only' or 'Urinary and RVF' repairs					
---------- first repair	42	47	33	38	160
---------- second repair	21	29	12	15	77
---------- >2	0	4	0	2	6
Percent women with first repair (urinary only)	**67%**	**59%**	**73%**	**69%**	**66%**
No. discharged after FRS (urinary only)	66	64	57	37	224
No. discharged after FRS (urinary & RVF)	1	1	3	0	5
No. discharged after FRS (RVF only)	3	0	0	0	3
Total no. discharged after FRS	**70**	**65**	**60**	**37**	**232**
No. not discharged after FRS	4	19	4	22	49
Outcome of FRS (urinary only & urinary/RVF)					
---------- No. with closed fistula who are dry	49	40	39	34	162
---------- No. with closed fistula & stress incontinence	13	24	19	3	59
---------- No. whose fistula was not closed	5	1	2	0	8
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**73%**	**62%**	**65%**	**92%**	**71%**
Outcome of FRS (RVF only)					
----closed and dry	3	0	0	0	3
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0
----incontinent with firm stool	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**0%**	**0%**	**100%**
Percent with closed and dry fistula (urinary, urinary/RVF, RVF)	**74%**	**62%**	**65%**	**92%**	**71%**
No. with complications after FRS	3	1	1	1	6
----Major surgical complications	1	1	0	0	2
----Anesthesia-related complication	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	2	0	1	1	4
Percent with complications after FRS	**4%**	**2%**	**2%**	**3%**	**3%**

Table SRL2. Number of Persons Trained by Topic, October 2011 – September 2012, Sierra Leone

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First training in surgical repair	1	0	0	0	1
Continuing training in surgical repair	0	1	1	1	1[87]
OJT sessions for nursing staff by topic					
General obstetric care topics for midwives	12	10	0	0	12
Malaria for nurses	6	13	0	0	19
Catheter care	0	14	0	0	14
Sharps safety	0	16	0	0	16
Data entry	0	0	13	0	13
Research study protocol	0	0	10	0	10
VVF update	0	0	12	0	12
Family Planning	0	0	9	0	9
Pre- and Post-operative care for VVF	0	0	7	0	7
Emergency Response	0	0	0	12	12
Universal precautions	0	0	0	8	8
First aid and CPR	0	0	0	7	7
Pre- and Post-operative patient care	0	0	0	11	11
Swap counting in theatre	0	0	0	8	8
Obstetric emergencies	0	0	0	13	13
Management of pre-eclampsia and eclampsia	0	0	0	9	9
Totals	**19**	**27**[88]	**27**[89]	**27**[90]	**27**[91]

[87] The same surgeon received first training in the first quarter and continuing training in the second quarter, so is only counted once in the FY total.
[88] At AWC, the same core group of ten midwives and sixteen nurses receive multiple on-the-job trainings. They are therefore counted as a "group" of 26 people, and not recounted for each training when calculating totals.
[89] Ibid.
[90] Ibid.
[91] Ibid.

Table SRL 3. Number of Community Outreach Events and Persons Reached, October 2011 - September 2012, Sierra Leone

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Advocacy training	0	0	16	84	10	80	6	36	**32**	**200**
Total	**0**	**0**	**16**	**84**	**10**	**80**	**6**	**36**	**32**	**200**

Table SRL 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2011 – September 2012, Sierra Leone

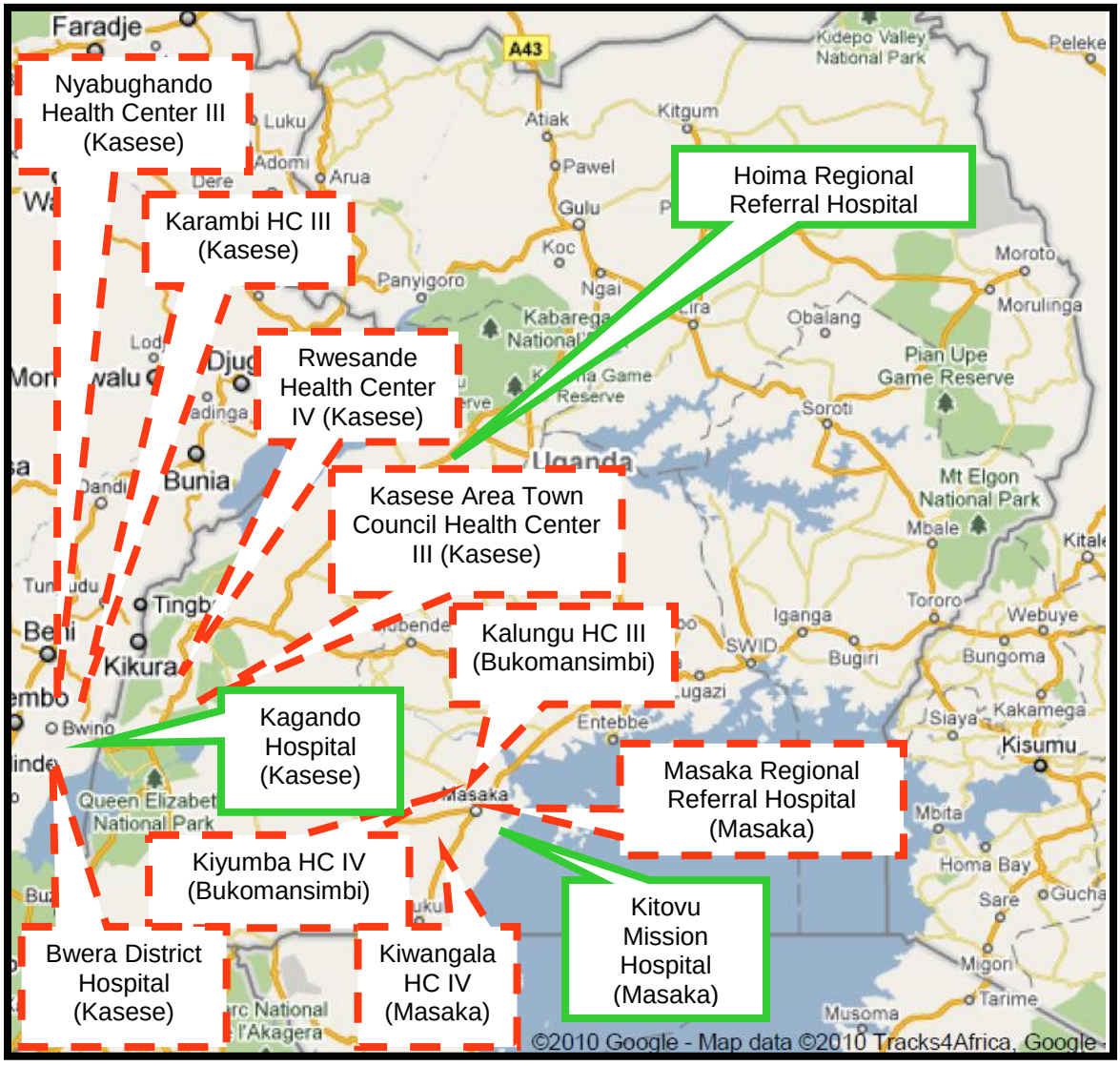
	Aberdeen Women's Centre				
Fistula FP Methods	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Oral Pill	9	16	55	71	151
IUCD	0	0	0	0	0
Condom (male)	0	1	5	13	19
Condom (female)	0	0	0	0	0
Injectable	92	65	123	116	396
Implant	8	12	35	26	81
Tubal Ligation	4	1	1	6	12
Vasectomy	0	0	0	0	0
Foaming Tablets	0	0	0	0	0
Total FP acceptors	**113**	**95**	**219**	**241**[92]	**668**
Total Number of clients counseled about FP methods	113	95	219	285	712

Table SRL 5. Obstetric Services. October 2011 – September 2012, Sierra Leone

	Aberdeen				
Obstetric Services	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
Number of vaginal deliveries	263	219	259	182	923
Number of C sections	55	51	50	39	195
Total Number of deliveries	**318**	**270**	**309**	**221**	**1118**
Percent deliveries by C section	17%	19%	16%	18%	17%

[92] 9 individuals received natural family planning methods in the fourth quarter (beads).

UGANDA


Nyabughando Health Center III (Kasese)
Karambi HC III (Kasese)
Rwesande Health Center IV (Kasese)
Hoima Regional Referral Hospital
Kasese Area Town Council Health Center III (Kasese)
Kalungu HC III (Bukomansimbi)
Kagando Hospital (Kasese)
Masaka Regional Referral Hospital (Masaka)
Kiyumba HC IV (Bukomansimbi)
Bwera District Hospital (Kasese)
Kiwangala HC IV (Masaka)
Kitovu Mission Hospital (Masaka)
Faradje
A43
Kidepo Valley National Park
Peleke
Luku
Atiak
Kitgum
Adomi
Arua
Pawel
Gulu
Koc
Moroto
Panyigoro
Ngai
Morulinga
Kabarega National
Obalang
Pian Upe Game Reserve
Djug
Soroti
Bunia
Uganda
Mt Elgon National Park
Mbale
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Kikura
Tororo
Webuye
Iganga
SWID
Bugiri
Bungoma
Entebbe
Siaya
Kakamega
Kisumu
Bwino
Masaka
Queen Elizabeth National Park
Mbita
Homa Bay
Sare
Migori
Tarime
Musoma
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PROGRAM ACHIEVEMENT SNAPSHOT UGANDA	
Reporting Period	FY 11-12: October 2011 – September 2012
Characteristic	**Description**
Start Date	January 2005 through the ACQUIRE Project
Supported Sites	Two private treatment and prevention sites: • Kitovu Mission Hospital in Masaka, in collaboration with Masaka Regional Referral Hospital • Kagando Mission Hospital in Kasese, in collaboration with Bwera District Hospital One public repair site: • Hoima Regional Referral Hospital Nine prevention-only sites (public sector): • Masaka area: Masaka RR Hospital, Kiwangala HCIV, Kalungu HC III, and Kiyumba HCIV • Kasese area: Bwera Hospital, Rwesande HC IV, Karambi HC III, Nyabugando HC III and City Council HC III Support to Kiwangala and Kiyumba has ended at the end of FY11/12 due to budget limitations.
Background	Fistula Care supports the public/private partnerships between Kitovu Mission Hospital and Masaka District hospital and between Kagando Hospital and Bwera District Hospital to improve the quality and availability of fistula treatment services. A third repair site, Hoima Regional Referral Hospital, was added in FY11/12. In FY10, in consultation with the MOH, nine health facilities were selected in which to focus support for fistula prevention services. These health centers provide family planning and safe delivery services and refer fistula patients to treatment sites, according to Fistula Care's Level of Care Framework. No repairs were carried out at any supported sites during the fourth quarter of FY12 due to delays in subawards. Additionally, Hoima held concentrated repair sessions in the first and third quarters only.
Treatment strategies (Result 1)	During FY11/12, FC started implementing mentoring and coaching of junior surgeons by senior surgeons. Two senior and two junior surgeons selected by the MOH are implementing this strategy. FC also pre-tested the Waaldjik Classification to identify the type of fistulae among clients. A copy of the classification was inserted in all clients' files. This strategy was well received by the junior surgeons and action plans developed following the session will inform future trainings. During FY11/12: • 517 repairs were supported, representing a 16% decrease compared to 611 repairs in FY10/11. No repairs were supported in the fourth quarter due to subaward delays. • 2 surgeons received their first trainings in fistula repair, and 7 individuals were trained in pre- and post-operative care for fistula repair. • Fistula repair services began to be offered at Hoima through concentrated repair efforts held in the first and third quarters. • FC secured free airtime for two TV talk shows, and supported both Kitovu and

	Kagando in mobilizing clients for fistula services. Local radio stations in Kampala, Masaka Masindi, Hoima and Kasese districts aired announcements to direct potential clients to services. • Infection prevention training was held for 29 health care staff in Hoima. • Assessments were done at Karambi, Rwesande and Nyabugando facilities to collect data on current use of maternal health services (FP, deliveries, and antenatal.) This data will be used as baseline for planned community engagement interventions with village health teams.
Prevention strategies (Result 2)	FC/Uganda supports prevention activities including FP, EmOC and community outreach at all the supported sites. During FY11/12: • Ongoing intensive mentoring and training on the partograph took place with training for 82 health care staff as well as support for the mentoring and coaching approach being implemented at 7 sites. • The FC project was recognized by the MoH for both its treatment and prevention efforts. The MoH requested that FC implement its partograph training and mentoring initiative in all government referral hospitals. The MoH/RH requested FC to review the current guide, *The Partograph in Uganda: A Practical Guide for Health Care Workers, MOH/RH.* • One-on-one and group counseling sessions were held with men arriving with their partners at the Hoima repair efforts to address specific reproductive health and family planning needs, concerns, and fears. • FC is working with the MOH to include and emphasize the partograph during midwives' pre-service training .
Data utilization (Result 3)	Uganda participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10. Findings from the cesarean study were disseminated in FY10. A national research dissemination workshop on prospective study was held in May 2012 for 57 participants including Ministry of Health officials, fistula surgeons working with public and private not for profit hospitals, USAID officials and staff from other FC partner organizations. Kagando Hospital is one of eight participating hospitals in the RCT study on short-term catheterization. Enrollment of women into the study began in the second quarter. See Result 3 in the global section of this report for an update about the study. The study is expected to be completed by June 2013. During FY12: • Two refresher trainings in data for decision-making were held during the second quarter for 36 providers at Kitovu and Kagando. • Data management reviews were carried out at 9 supported facilities, which included both repair and prevention-only sites, to determine the capacity of the FC supported sites to collect, store and utilize data for decision making. Records/data personnel in each of the sites were interviewed, patient registers reviewed and observations made to verify existence of proper filing systems, management information systems, dedicated data rooms among others. Results of the assessment are to be used to determine the support required for each site in management and utilization for decision making.

PROGRAM ACHIEVEMENT SNAPSHOT UGANDA	
	•
Policy Work (Result 4)	The project collaborates with the National Fistula Technical Working Group (FTWG), which is comprised of all stakeholders implementing fistula work in Uganda. The project also initiated the Fistula Partnership Forum in FY10, in collaboration with UNFPA and AMREF. The aim of the forum is to maximize resources for fistula prevention and treatment. During FY12: • FC continued its work to support the MoH strategy of establishing regional hubs for fistula treatment (see: Treatment Strategies section). • The MOH/FTWG sub-committee met to review drafts of three documents which were adapted based on FC global guidelines: the National Training Guidelines and Standards for Treatment of Female Genital Fistula, the Site Assessment Tool for Treatment and Prevention of Female Genital Fistula Services in Uganda and Support Supervision and Monitoring for Female Genital Fistulae Services in Uganda. The meeting was chaired by the MOH and had 20 participants. It was recommended the suggested changes be incorporated, and they now await adoption from the MOH. • In May 2012, a meeting was held with MOH to review FC data collection tools, the client's card, the FC death investigation tool and the clients' register; these tools have been adopted by the MOH/FTWG for national use.

KEY INDICATORS SNAP SHOT UGANDA						
Reporting Period	FY 11-12: October 2011 – September 2012					
Characteristic	**Description**					
Indicators		**Oct-Dec**	**Jan Mar**	**Apr Jun**	**Jul Sep**	**Total**
Result 1: *Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.*	# Repairs	195	99	223	0	517
	% women who had surgery who have closed fistula at discharge	89%	86%	86%	0	87%
	% women who had surgery who experienced complications	4%	5%	3%	0	4%
	# Surgeons Trained	1	1	2	0	4
	# other health trained	32	75	61	22	190
Result 2: *Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.*	# community outreach events	2	4	0	0	6
	# persons reached in community outreach	556	78	0	0	634
	# births	2,081	591	5,283	4,874	13,129
	% of births c section	28%	39%	23%	28%	26%
Result 3: *Gather, analyze, utilize and report data to improve the quality and performance of fistula services.*	% sites reviewing reporting quarterly data	100%	100%	100%	0%	
Result 4: *Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.*	# of facilities using FC products	12	11	12	12	12
Data Trends and Explanations	• The catchment around Kasese may have few remaining women with fistula and radio stations in other districts should be targeted for mobilization efforts. Discussions with Kagando have resulted in recommendations to concentrate mobilization in the Kamwenge, Kibaale, Kagadi and Kyenjojo catchment areas. • In the first and third quarters, concentrated treatment and repair activities were expanded to Hoima. • Kagando had an increase in repairs in the third quarter due to a large mobilization campaign via radio. • Kitovu has a backlog due to surgeons cutting short their time at a concentrated repair effort in the third quarter. • No repairs were supported in the fourth quarter due to subaward delays.					

Figure UGA1. Total number repairs by site and year, (Uganda)

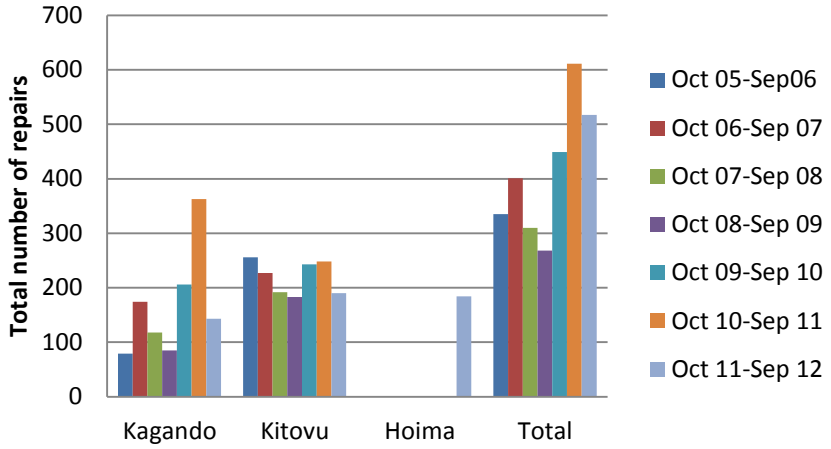

Figure UGA2. Total number of repairs by site and quarter, Uganda Oct 11- Sep 12 (Uganda)

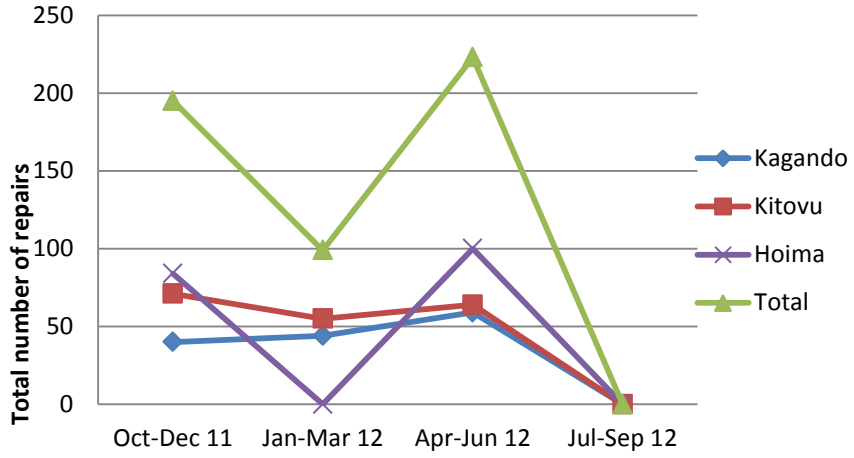

Figure UGA3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY (Uganda)

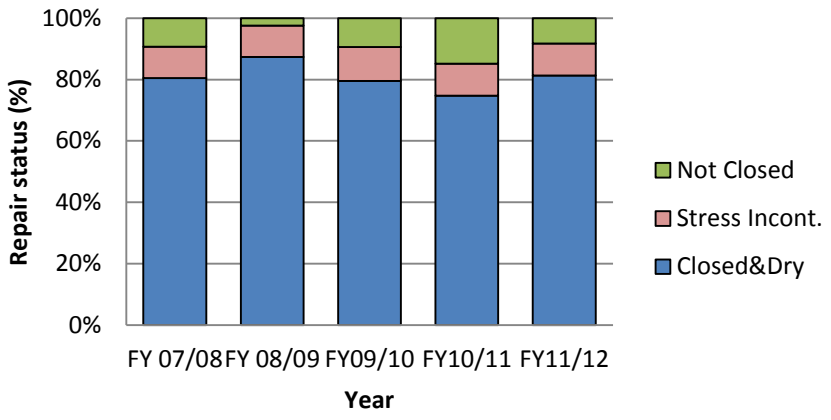

Figure UGA4. Demand for Services, October 2007 - September 2012 (Uganda)

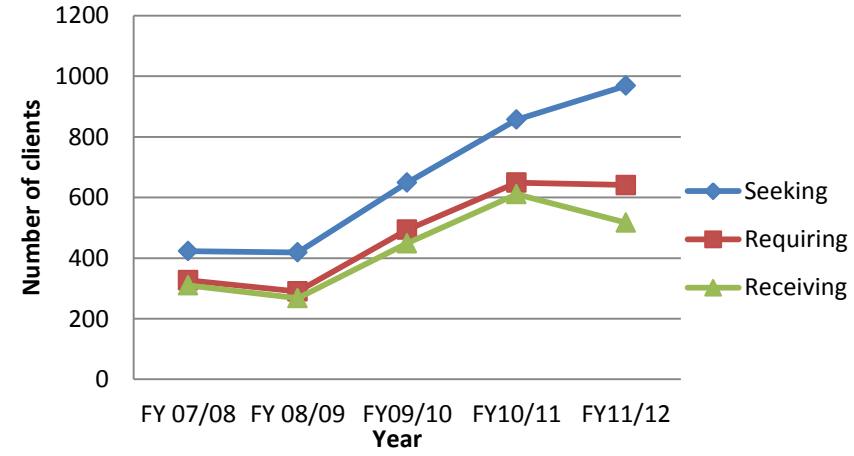

Table UGA 1. Clinical Indicators by Site, October 2011 – September 2012, Uganda[93]

	Hoima				Kagando				Kitovu				Country Total			
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**
No. seeking FRS	217	NS	165	382	72	69	71	212	140	109	126	375	429	178	362	969
No. requiring FRS	84	NS	140	224	42	49	60	151	110	73	83	266	236	122	283	641
No. receiving FRS	**84**	**NS**	**100**	**184**	**40**	**44**	**59**	**143**	**71**	**55**	**64**	**190**	**195**	**99**	**223**	**517**
% receiving FRS	**100%**	**n/a%**	**71%**	**82%**	**95%**	**90%**	**98%**	**95%**	**65%**	**75%**	**77%**	**71%**	**83%**	**81%**	**79%**	**81%**
Type of FRS performed																
-----urinary only	68	NS	46	114	30	34	41	105	33	25	42	100	131	59	129	319
-----urinary & RVF	1	NS	3	4	0	0	1	1	1	1	0	2	2	1	4	7
-----RVF only	15	NS	51	66	10	10	17	37	37	29	22	88	62	39	90	191
For 'Urinary only' or 'Urinary and RVF' repairs																
----first repair	52	NS	43	95	21	30	26	77	27	19	28	74	100	49	97	246
----second repair	12	NS	6	18	6	3	12	21	5	4	10	19	23	7	28	58
---->2	5	NS	0	5	3	1	4	8	2	3	4	9	10	4	8	22
% women with first repair (urinary only)	**75%**	**n/a%**	**88%**	**81%**	**70%**	**88%**	**62%**	**73%**	**79%**	**73%**	**67%**	**73%**	**75%**	**82%**	**73%**	**75%**
No. discharged after FRS (urinary only)	68	NS	46	114	14	60	41	115	33	25	42	100	115	85	129	329
No. discharged after FRS (urinary & RVF)	1	NS	3	4	1	0	1	2	1	1	0	2	3	1	4	8
No. discharged after FRS (RVF only)	15	NS	51	66	8	10	19	37	37	29	22	88	60	39	92	191
Total no. discharged after FRS	**84**	**NS**	**100**	**184**	**23**	**70**	**61**	**154**	**71**	**55**	**64**	**190**	**178**	**125**	**225**	**528**
No. not discharged after FRS	0	NS	0	0	26	5	3	34	0	0	0	0	26	5	3	34
Outcome of FRS (urinary only & urinary/RVF)																

[93] No repairs supported during the fourth quarter.

	Hoima				Kagando				Kitovu				Country Total			
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**FY Total**
---No. with closed fistula who are dry	57	NS	37	94	11	47	30	88	31	23	38	92	99	70	105	274
---No. with closed fistula & stress incontinence	5	NS	9	14	1	6	4	11	3	3	4	10	9	9	17	35
---No. whose fistula was not closed	7	NS	3	10	3	7	8	18	0	0	0	0	10	7	11	28
% with closed fistula who are dry (urinary only & urinary/RVF)	**83%**	**n/a%**	**76%**	**80%**	**73%**	**78%**	**71%**	**75%**	**91%**	**88%**	**90%**	**90%**	**84%**	**81%**	**79%**	**81%**
Outcome of FRS (RVF only)																
---closed and dry	15	NS	49	64	8	9	18	35	37	29	22	88	60	38	89	187
---incontinent with water stool and /or flatus (gas)	0	NS	2	2	0	0	1	1	0	0	0	0	0	0	3	3
---incontinent with firm stool	0	NS	0	0	0	1	0	1	0	0	0	0	0	1	0	1
% with closed and dry fistula (RVF only)	**100%**	**n/a%**	**96%**	**97%**	**100%**	**90%**	**95%**	**95%**	**100%**	**100%**	**100%**	**100%**	**100%**	**97%**	**97%**	**98%**
% with closed and dry fistula (urinary, urinary/RVF, RVF)	**86%**	**n/a%**	**86%**	**86%**	**83%**	**80%**	**79%**	**80%**	**96%**	**95%**	**94%**	**95%**	**89%**	**86%**	**86%**	**87%**
No. with complications after FRS	5	NS	0	5	2	6	7	15	0	0	0	0	7	6	7	20
---Major surgical complications	0	NS	0	0	0	2	2	4	0	0	0	0	0	2	2	4
---Anesthesia-related complication	5	NS	0	5	2	1	2	5	0	0	0	0	7	1	2	10
---Post-operative complication related to perceived success of surgery	0	NS	0	0	0	3	3	6	0	0	0	0	0	3	3	6
% with complications after FRS	**6%**	**n/a%**	**0%**	**3%**	**9%**	**9%**	**11%**	**10%**	**0%**	**0%**	**0%**	**0%**	**4%**	**5%**	**3%**	**4%**

Table UGA 2. Number of Persons Trained by Topic, October 2011 – September 2012, Uganda

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Bwera					
Partograph Use, Mentoring and Coaching	4	0	0	0	4
Hoima					
Pre- and Post-operative care	0	4	0	0	4
Infection prevention	0	0	29	0	29
ToT for fistula counselors	0	0	14	0	14
Kabale					
Continuing training in fistula repair	0	0	1	0	1
Kagando					
First surgical training in fistula repair	1	1	0	0	2
Partograph Use, Mentoring and Coaching	9	0	0	0	9
Pre- and Post-operative care	3	0	0	0	3
Data for Decision Making	0	13	0	0	13
Kalungu					
Partograph Use, Mentoring and Coaching	3	0	0	0	3
Karambi					
Partograph Use, Mentoring and Coaching	9	0	0	0	9
Kitovu					
Partograph Use, Mentoring and Coaching	4	0	0	0	4
Data for Decision Making	0	23	0	0	23
Masaka					
Partograph Use, Mentoring and Coaching	0	35	18	0	53
ToT for fistula counselors	0	0	0	12	12
Natural family planning	0	0	0	10	10
Mbale					
Continuing training in fistula repair	0	0	1	0	1
Total	**33**	**76**	**63**	**22**	**194**

Table UGA 3. Community Outreach Efforts and Numbers Reached, October 2011 – September 2012, Uganda

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Fistula Advocacy Meeting	1	56	0	0	0	0	0	0	**1**	**56**
Safe Motherhood Day	1	500	0	0	0	0	0	0	**1**	**500**
Partograph review and advocacy	0	0	3	38	0	0	0	0	**3**	**38**
Advocacy work with repair site districts and staff	0	0	1	40	0	0	0	0	**1**	**40**
Total	**2**	**556**	**4**	**78**	**0**	**0**	**0**	**0**	**6**	**634**

Table UGA 4. Number of Clients by Method and Number counseled abut FP, by Site. October 2011 – September 2012, Uganda

FP Methods	Bwera	Hoima[94]	Kagando	Kalungu	Karambi	Kitovu	Kiwangala[95]	Kiyumba[96]	Masaka RRH	Nyabugando	Rwesande	Town Council HC III	Country Total
Oral Pill	282	272	216	58	68	0	158	13	123	143	55	105	**1493**
IUCD	8	8	6	3	41	0	10	2	90	28	42	62	**300**
Condom (male)	37	2	189	4	85	0	35	0	69	85	50	53	**609**
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Injectable	1581	666	538	345	261	0	310	40	1388	536	250	590	**6505**
Implant	376	59	314	20	52	0	11	33	247	103	220	158	**1593**
Tubal Ligation	7	5	39	9	70	0	17	20	15	51	29	47	**309**
Vasectomy	3	0	4	9	6	0	0	0	0	3	1	5	**31**
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total FP acceptors	**2294**	**1012**	**1306**	**448**	**583**	**0**	**541**	**108**	**1932**	**949**	**647**	**1020**	**10840**
Total Number of clients counseled about FP methods[97]	n/a	n/a	n/a	479	764	499	611	122	n/a	n/a	n/a	n/a	**n/a**

[94] FP data for only the second and third quarters.
[95] No FP data for the third and fourth quarters, due to end of support to the site.
[96] No FP data for the third and fourth quarters, due to end of support to the site.

[97] For many sites, counseling numbers are not accurately recorded, so are reported as n/a.

Table UGA 5. Obstetric Services, by Site. October 2011 – September 2012, Uganda

Obstetric Services	Bwera	Hoima[98]	Kagando[99]	Kitovu	Kiwangala[100]	Masaka RRH	Country Total
Number of vaginal deliveries	1,774	1,863	1,292	1,202	77	2,609	**9,779**
Number of C sections	397	634	621	794	10	894	**3,350**
Total Number of deliveries	**2,171**	**2,497**	**1,913**	**1,996**	**87**	**3,503**	**13,129**
Percent deliveries by C section	18%	25%	32%	40%	11%	26%	**26%**

[98] Obstetric data available for the third and fourth quarters only.
[99] No obstetric data available for the second quarter.
[100] Obstetric data available only for the first quarter, due to discontinued support to site.

V. Management Activities

USAID granted a one year extension of Fistula Care on December 7, 2011. The sixth and final year of the project will be from October 1, 2012-September 24, 2013.

Staffing. During the fifth year of the project we had several staff changes. At September 30, 2012 the global FC team included the following:

- Isaac Achwal, Senior Medical Associate[101]
- Karen Beattie, Project Director
- Bethany Cole, Project Manager
- Altiné Diop, Project Coordinator
- Alexandre Delamou, Regional Study Coordinator/Monitor[102]
- Renée Fiorentino, Senior M&E/Research Associate
- Evelyn Landry, Deputy Project Director
- Karen Levin, Program Associate for Monitoring and Evaluation
- Chloe Manchester, Project Coordinator
- Carrie Ngongo, Project Manager[101]
- Laura Nurse, Project Assistant
- Celia Pett, Medical Associate
- Joseph Ruminjo, Clinical Director
- Nichelle Walton, Project Assistant
- Lilian Were, Regional Study Coordinator/Monitor[101]

The global team also received support from the following EngenderHealth staff and consultants:

- Meaghan Abrego, Contracts and Compliance Unit
- Steve Arrowsmith, co-investigator for RCT (consultant)
- Mark Barone, PI for two fistula research studies: Determinants of Outcomes of Fistula Surgery and the RCT
- Macka Barry, financial support for Niger and DRC
- Ellen Brazier, community engagement in Bangladesh, Niger, and Guinea
- Deborah Caro, FP integration evaluation (Cultural Practice consultant)
- Moustapha Diallo, support to Niger [103]
- Betty Farrell, support for integration and prevention activities
- Vera Frajzyngier, determinants of outcome of fistula surgery study (consultant)
- Pam Harper, support in development of technical materials
- Jeanne Kabagema[104], Medical Associate
- Michael Klitsch, Tor De Vries and Weronika Murray; technical publications production

[101] Based in Kenya Office
[102] Based in Guinea Office
[103] During Carrie Ngongo's maternity leave in 2011 Mr. Diallo provided management support to the Niger program.
[104] Dr. Kabagema was a full time staff based in our Rwanda office. When the office closed she became a consultant.

- Jacinda Jordan, Contracts and Compliance Unit
- Christopher Lindahl, support for knowledge management (consultant)
- Sita Millimono[102]—medical monitoring and facilitative supervision in Niger
- Shipra Srihari, Ethiopia cost study (consultant)
- Ozge Tuncalp, Nigeria community screening study (Stanton Hill Research consultant)
- Maynard Yost, budget and financial management (consultant)

International Technical Assistance

In FY11/12, a total of 63 technical assistance visits to ten countries were conducted by Fistula Care staff, EngenderHealth staff, consultants and WHO partners to provide a variety of technical assistance support, including routine medical monitoring visits and monitoring for the RCT. Details about the scope of technical assistance provided are listed below in Table 16.

Table 16. International Technical Assistance, October 2011 to September 2012

Country	Purpose	Who
July-September 2012		
DRC	To provide technical assistance to staff at HBMM and St. Joseph hospital in finance and compliance and to build institutional capacity in the areas of accounting, financial management and organizational development	Macka Barry
DRC	To conduct a needs assessment at Kasangani hospital to determine appropriateness of site for outreach visits and staff for training in fistula repair and to provide orientation on the needs assessment tool to the national coordinator and other fistula surgeons	Dr. Isaac Achwal
DRC	To conduct the fourth monitoring visit at St. Joseph Hospital where recruitment of participants for the randomized controlled trial is being organized	Dr. Alexandre Delamou
DRC	To conduct a subaward compliance site visits of four partner sites, IGL, MSRK, HEAL, and Panzi	Macka Barry Bethany Cole
DRC	To conduct training in use of partograph for appropriate use, timely identification and decision making in obstructed labor at Kindu and Beni; to conduct medical monitoring at Beni and Kindu; and to conduct training follow up of PI implementation using COPE and FP integration into fistula	Dr. Isaac Achwal
Ethiopia	To conduct the second interim monitoring visit for the randomized controlled trial study	Lilian Were
Niger	To conduct the fourth monitoring visit at the central Maternity of Zinder where we are recruiting participants for the randomized controlled trial	Dr. Alexandre Delamou
Nigeria	To conduct dissemination of the findings of the Observational Study on Determinants of Outcomes after Fistula Surgery	Dr. Mark Barone
Nigeria	To conducted Medical Monitoring for the Randomized Controlled Trial at Abakaliki Obstetric Fistula Centre	Dr. Steve Arrowsmith (consultant) Dr. Mark Barone Lilian Were
Nigeria	To conduct management visit.	Karen J. Beattie
Nigeria	To oversee the implementation of the community screening study in Kebbi State	Ozge Tuncalp (consultant)
Sierra Leone	To conduct the fourth monitoring visit at the Aberdeen Women's center of Freetown where the recruitment of participants for the randomized controlled trial is being conducted	Dr. Alexandre Delamou
Uganda	To conduct the third monitoring visit at sites that are part of the randomized controlled trial study	Lilian Were

Country	Purpose	Who
Uganda	To support team in finalizing community-level fistula prevention strategy and tools for implementation and evaluation of associated activities; and to support team in preparing for a high-level advocacy event with parliamentarians	Ellen Brazier
April to June 2012		
Bangladesh	To facilitate a meeting to disseminate the results from the prospective and cesarean record review studies	Dr. Mark Barone, Evelyn Landry
DRC	To conduct the second and third RCT monitoring	Dr. Alexandre Delamou
DRC	To conduct a preparatory visit to roll out the fistula counseling curriculum including traumatic fistula module in Panzi Hospital	Mieko McKay
Ethiopia	To conduct RCT monitoring visit at Gondar	Lilian Were, Dr. Joseph Ruminjo
Guinea	To conduct fistula counseling training and provide routine project oversight	Mieko McKay
Guinea	Management visit to Guinea programs and to attend the National Fistula Day in Guinea	Karen Beattie
Kenya	To conduct Fistula RCT medical monitoring visit at Kenyatta	Dr. Joseph Ruminjo, Dr. Mark Barone
Nepal	To gather information on programmatic challenges and synergies for integrating POP (pelvic organ prolapse) with fistula	Celia Pett
Niger	To conduct annual compliance site visit and provide technical assistance to REF	Macka Barry
Niger	To conduct the third RCT monitoring visit at Zinder	Dr. Alexandre Delamou
Niger	To conduct clinical monitoring in two sites in Niger	Dr. Jeanne Kabagema
Nigeria	Management visit and visit to Ebonyi for the RCT and other activities	Karen Beattie
Nigeria	To conduct two interim monitoring visits for the RCT	Lilian Were
Rwanda	Follow up visit for office close out	Mieko McKay
Sierra Leone	To conduct two RCT monitoring visits	Dr. Alexandre Delamou
Uganda	To conduct Fistula RCT medical monitoring at study and to participate in meeting to disseminate results from the Global Prospective Study	Dr. Joseph Ruminjo, Dr. Mark Barone, Dr. Frank Assimwe (consultant)
Uganda	To train new country staff on Clinical/Medical Monitoring, on facilitative supervision and provide Technical Assistance in clinical and medical monitoring of supported sites	Dr. Isaac Achwal, Celia Pett
Uganda	To conduct the second RCT interim monitoring visit	Lilian Were
Uganda	To conduct fistula repair outreach camp in Kitovu Hospital	Dr. John Kelly, Dr. Duffy Shane
January to March 2012		
DRC	To provide technical assistance to newly trained QI/COPE facilitators in implementing first COPE exercises at their facilities and conduct medical monitoring	Dr. Isaac Achwal
DRC	To organize and conduct partner meeting with six partner sites and conduct COPE ToT and COPE implementation at three sites	Isaac Achwal, Dana Swanson, Bethany Cole
DRC	To organize and attend Community of Practice meeting at Panzi	Isaac Achwal, Karen Beattie, Dana Swanson, Bethany Cole
DRC	To conduct RCT monitoring visit at St. Joseph's in Kinshasa	Dr. Alexandre Delamou Mariana Widmer (WHO)
Ethiopia	To visit the RCT study site in Ethiopia and train the newly hired research assistant	Dr. Mark Barone, Lilian Were
Guinea	To visit the Kissidougou RCT study site to ensure correct understanding of study procedures and practices and to help resolve any problems that might be identified	Dr. Steve Arrowsmith (Consultant) and Dr. Alexandre Delamou

Country	Purpose	Who
Guinea	To support Guinea team in planning and conducting TOT on tools and approaches for informing and engaging communities in improving maternal Health; to orient new FC M&E staff in record keeping and data analysis and reporting	Ellen Brazier
Guinea	To disseminate results of multi-country study examining predictors of fistula repair outcomes and to provide overview to local study investigators about how to analyze and present country-level data	Dr. Vera Frajzyngier
Kenya	To provide training for the new Francophone monitor on study specific training for the RCT and to work with Lilian Were, the Anglophone monitor on monitoring for the clinical study during visits to Kenyatta	Dr. Mark Barone, Dr. Alexandre Delamou
Mali	To conduct COPE training, collect data and discuss mapping exercise, and follow up on FP integration work	Mieko McKay
Niger	To co-facilitate a meeting to disseminate the cesarean record review preliminary findings, introduce the data for decision making training modules and provide technical assistance on the development of tools for orienting/training the community agents	Renee Fiorentino, Ellen Brazier
Niger	To conduct fistula RCT and programmatic medical monitoring at supported sites in Niger; to disseminate results of multi-country study examining predictors of fistula repair outcomes and to provide overview to local study investigators about how to analyze and present country-level data	Dr. Joseph Ruminjo, Dr. Vera Frajzyngier
Niger	To conduct RCT monitoring visit at Zinder	Dr. Alexandre Delamou
Niger	To work with REF to develop the scope of work and budget for a new subaward and meet with USAID/WARP new staff	Carrie Ngongo
Rwanda	To review final plans for office close out and to conduct fistula counseling training	Karen Beattie, Mieko Mckay
Rwanda	To facilitate training on fistula repair and care in Ruhengeri	Dr. Marietta Mahendeka, Dr. Thomas Raassen (consultants)
Sierra Leone	To conduct RCT monitoring visit at Aberdeen Women's Center	Dr. Alexandre Delamou, Sihem Landoulsi (WHO)
Uganda	To conduct data for decision making workshop at Hoima and attend partner meeting	Bethany Cole
Uganda	To conduct management review visit to review current status of workplan, discuss plans for final year, and debrief with USAID; Conduct Data for Decision Making workshop.	Karen Beattie, Bethany Cole
Uganda	To conduct workshop for fistula surgery at Kitovu Hospital	Dr. John Kelly, Dr. Michael Breen (Consultants)
Uganda	To conduct RCT monitoring visit for the at Kagando Hospital.	Lilian Were
October to December 2011		
DRC	To conduct programming/ planning site visits with subawardees; and to conduct a workshop for staff at St Joseph and Mutombo Hospital on data for decision making	Bethany Cole
Ethiopia	To conduct a cost study at the Pre Repair Units at Dangla Health Center and Sekota Hospital	Shipra Srihari (consultant)
Guinea	To work with the research firm to review household survey/community-level data for the Levels of Care evaluation; to conduct an orientation for Guinea FC staff on the Data for Decision Making training module; and to interview prospective M&E associate candidates	Ellen Brazier, Renee Fiorentino
Mali	To introduce the FP/fistula integration framework to FC partners at a stakeholders' meeting and develop a plan of action for sustaining FP-integrated services	Betty Farrell, Mieko McKay

Country	Purpose	Who
Niger	To conduct a program supervision visit and to share the FC Guinea experience with REF; to review clinical issues at Maradi	Moustapha Diallo, Sita Millimono, Prof. Namory Keita (consultant)
Niger	To orient the RCT co-investigator at Zinder Regional Hospital about the study protocol	Dr. Steve Arrowsmith (Consultant)
Rwanda	To train in country surgical teams in fistula repair at Kanombe Hospital	Dr. Weston Khisa (consultant)
Rwanda	To conduct facilitative supervision training and assist in office management tasks	Mieko McKay
Uganda	To assist the FC country office with preparations for an outreach repair event at Hoima; and to conduct interviews with key stakeholders for the technical brief about the Fistula Technical Working Group	Bethany Cole

Subawards. As of September 30, 2012 a total of nine subawards, totaling $6,053,620, were in effect and 16 subawards totaling $2,591,597 were with USAID awaiting approval; see Table 17.

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
Active Subawards as of September 30, 2012					
Brigham Women's Hospital (HHI)	DRC	June 1, 2012	April 30, 2013	FCA-102-01	$79,272
MSRK	DRC	July 1, 2012	June 30, 2013	FCA-604-02	$123,957
Mutombo/HBMM	DRC	July 1, 2012	June 30, 2013	FCA-605-02	$156,844
St Joseph's Hospital	DRC	July 1, 2012	June 30, 2013	FCA-606-02	$333,326
Panzi	DRC	July 1, 2012	December 31, 2012	FCA-601-02	$189,752
Intrahealth/Ethiopia	Ethiopia	October 1, 2008	June 30, 2013	FCA-101-02	$2,681,637
IntraHealth Mali	Mali	Oct 1, 2008	Sept 30, 2012	FCA-101-01	$2,058,566
CHUK	Rwanda	December 1, 2010	September 30, 2012	FCA-402-01	$136,483
FIGO	Sub-saharan Africa	February 1, 2011	December 31, 2012	FCA-501-01	$293,783
Pending Subawards as of September 30, 2012					
Ad-din	Bangladesh	September 1, 2012	June 30, 2013	BGD-071-03	$50,067
Kumudini	Bangladesh	August 1, 2012	June 30, 2013	BGD-069-04	$24,375
LAMB	Bangladesh	July 1, 2012	June 30, 2013	BGD-068-04	$65,683
MSR/Kindu	DRC	July 1, 2012	June 30, 2013	FCA-604-02	$123,957
Mutombo	DRC	July 1, 2012	June 30, 2013	FCA-605-02	$156,844
St. Joseph's	DRC	July 1, 2012	June 30, 2013	FCA-606-02	$333,326
Panzi	DRC	July 1, 2012	June 30, 2013	FCA-601-02	$392,600
Brigham Women's Hospital (HHI)	DRC	June 1, 2012	April 30, 2013	FCA-102-01	$79,272
HEAL Africa	DRC	July 1, 2012	June 30, 2013	FCA-600-02	$231,450
REF	Niger	September 1, 2012	June 30, 2013	FCA-200-03	$258,999
CHUK	Rwanda	Dec 1, 2010	June 30, 2013	FCA-402-01	$136,483
Kanombe	Rwanda	May 1, 2010	June 30, 2013	FCA-401-01	$149,912
Ruhengeri	Rwanda	March 15, 2012	June 30, 2013	FCA-400-02	$36,004
Gloag Foundation	Sierra Leone	September 1, 2012	June 30, 2013	FCA-500-02	$200,00
Kagando	Uganda	September 1, 2012	June 30, 2013	UGA-008-05	$107,734
Kitovu	Uganda	September 1, 2012	June 30, 2013	UGA-004-06	$194,891

Challenges to program implementation in FY11/12. This FY was marked by security and other challenges in a few countries. In the spring of 2012, Mali experienced internal conflict that divided the country. Fistula Care's supported sites were destroyed in the fighting. Activities in Mali were halted between April and July, and the project received approval to conduct site assessments in preparation for work in new regions of the country. In Northern Nigeria over the Christmas and New Year holidays, activities were yet again disrupted by violence and the security situation continues to affect the implementation of services. In Ethiopia, Hamlin Fistula made internal management changes that disrupted some services and reporting. There have been security concerns in the eastern provinces of the DRC which resulted in fewer outreach efforts by our partners to identify women in need of care. Also in 2012, Fistula Care closed its offices in Rwanda as the government moves to reduce the number of external agencies providing technical assistance. Fistula Care work continues work in Rwanda with the support of a consultant, former staff member Jeanne Kabagema. Other challenges have included delays in the approval of subawards which limited our ability to implement several activities in the last quarter in several countries as noted earlier in this report. We do want to note that at the time of writing this report (November 21, 2012), two months into FY12/13, we have not yet received field support funds. The delay in receipt of these funds may have an impact on the benchmarks we have set for the number of repairs that can be provided and number of persons trained in FY12/13 as well as completion of other planned activities.

USAID/Washington. Fistula Care management staff have routine catch up meetings with USAID staff via teleconference or in person when possible. The annual management review meeting was held in July 2012. Fistula Care staff attend quarterly meetings of the Service Delivery Improvement unit of the Office of Population

Leveraging other funds in support of fistula care services. EngenderHealth has been able to leverage funds from private donors in two countries to support selected services and activities for fistula: in Bangladesh private funds are used to cover patient transport cost, and in Guinea private funds have been leveraged in support of community activities, as well as for the procurement of equipment. In addition, in Guinea the USAID mission awarded a one year contract (August 2011-September 2012) to EngenderHealth to implement activities to support the reintegration of women whose fistula is deemed incurable. The objectives of the award were to 1) establish a program that will increase economic opportunities for at least 200 women; 2) strengthen communication skills for at least 100 women to facilitate community education on fistula causes and prevention; and 3) strengthen advocacy skills of former fistula patients and community leaders.

Financial Management. We routinely submit monthly pipeline reports to USAID/W that describe the current state of 35 funds. The monthly monitoring enables us to determine which country programs or sub-awardees are implementing activities on track, and which might need some additional support. The project has also established standardized budgeting procedures to assist in project management.

Workplans, PMP and Other Contractual Requirements. As required by the cooperative agreement, the project prepared and submitted an annual workplan in July 2012 and submitted the fifth annual *Environmental Screening Report* in September 2012 to USAID

Annex 1. USAID Fistula Care Sites and Partners

As of September 30, 2012, sites ever supported through EngenderHealth or USAID bilateral projects and planned expansion in FY12/13, by Country This table has been updated with information about the sites in Mali which stopped receiving support from USAID in April 2012. The total counts reflect the number of sites which were actively providing treatment or prevention services at September 30, 2012(countries/sites shaded in gray no longer supported)

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
Bangladesh	Ad-Din Hospital, Dhaka	NGO	X			
	Kumudini Hospital	NGO	X			
	LAMB Hospital	FBO	X			
	Memorial Christian Hospital [108]	FBO				X (T)
	Ad-Din Hospital, Jessore	NGO	X			
Benin	Mercy Ships - *Africa Mercy*[109]	FBO				X (T)
DRC	HEAL Africa Hospital, Goma	FBO	X			
	Panzi Hospital, Bukavu	FBO	X			
	Imagerie des Grands Lacs (IGL)– Beni	FBO	X			
	Maternite Sans Risque – Kindu	FBO	X			
	St. Joseph's Hospital, Kinshasa	FBO	X			
	Biamba Marie Mutombo Hospital, Kinshasa	NGO	X			
	Hopital General de reference du Ubundu, Oriental Province	FBO			X (T)	
	Sites supported through USAID DRC Bilateral awards[110]					
	Kaziba Reference Hospital (Sud	Public	X			

[105] Most currently supported repair sites include one or more fistula prevention interventions such as family planning counseling and information and/or services or provision of maternity services (e.g., monitoring of deliveries with the partograph, cesarean delivery).
[106] (T): treatment for fistula repair; (P): prevention only
[107] We count Mercy Ships hospital ships (*Anastasis and Africa Mercy*) as one supported site. Sites no longer supported include treatment and prevention only sites.
[108] The fistula surgeon from this faith-based hospital returned to the United States and the site decided not to proceed with fistula services.
[109] In partnership with Mercy Ships, their floating hospital moved between ports approximately once a year. FC supported fistula surgery and training aboard the ship. The partnership with Mercy Ships ended in September 2010. In Benin, fistula services are provided at some UNFPA supported sites.
[110] Support through USAID/DRC bilateral project ProSani sites began in January 2012. Site location by province are in ( ).

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
	Kivu					
	Katana (Sud- Kivu)				X	
	Uvira (Sud Kivu)		X			
	Manika ((Katanga)				X	
	Malemba kulu (Katanga)		X			
	Kabongo (Katanga)		X			
	Luiza (Kasaï-Occidental		X			
	Tshikaji (Kasaï-Occidental		X			
	Katako kombe (Kasaï-Oriental		X			
	Lodja (Kasaï-Oriental		X			
	Kole (Kasaï-Oriental)				X	
	Dibindi (Kasaï-Oriental)				X	
	Mwene Ditu (Kasaï-Oriental)				X	
	Project AXxes (USAID Bilateral)[111]	Public				X (T)
Ethiopia[112]	Arba Minch Hospital (USAID Bilateral)	FBO				X (T)
	Bahir Dar Hamlin (USAID Bilateral)	FBO	X			
	Mekelle Hamlin (USAID Bilateral)	FBO	X			
	Yirga Alem Hamlin(USAID Bilateral)	FBO		X		
	Adet Health Center	Public		X		
	Dangla Health Center	Public		X		
	Woreta Health Center	Public		X		
	Tefera Hailu Hospital, Sekota	Public		X		
Ghana	Mercy Ships – *Anastasis*[113]	FBO				X (T)
Guinea	Ignace Deen University Teaching Hospital[114]	Public		X		

[111] This USAID bilateral project ended in FY10

[112] USAID/Ethiopia supports repair and prevention activities at three Hamlin Fistula Ethiopia facilities (Bahir Dar, Mekelle, and Yirga Alem). In FY10 USAID/Ethiopia provided funds to Hamlin Fistula Ethiopia to support repairs at Arba Minch Hospital, a site supported by the Norwegian Church.

[113] See previous note about partnership with Mercy Ships.

[114] Beginning in FY11 support to Ignace Deen for fistula repair surgery ended due to limited bed space in the hospital. It is supported for prevention activities. Trained surgeons from Ignace Deen are being used for surgical sessions at other sites in Guinea on a periodic basis.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
	Jean Paul II Hospital, Conakry	Public	X			
	Kissidougou District Hospital	Public	X			
	Labé Regional Hospital	Public	X			
	Boké Regional Hospital	Public		X		
	Kindia Regional Hospital	Public		X		
	Nzerekore Regional Hospital	Public		X		
	Mamou Regional Hospital	Public		X		
	Faranah Regional Hospital	Public		X		
Liberia	Mercy Ships - *Africa Mercy*[115]	FBO				X (T)
Mali[116]	Segou Hospital (Regional tertiary referral hospital)	Public			X (T)	
	Kayes Hospital (Regional tertiary referral hospital)	Public			X (T)	
	Sikasso Hospital (Regional tertiary referral hospital)	Public			X (T)	
	Gao Regional Hospital	Public				X (T)
	Ansongo District Hospital	Public				X(P)
	Bourem District Hospital	Public				X(P)
	Ménaka District Hospital	Public				X(P)
	Gao District Hospital	Public				X(P)
Niger	Dosso Regional Hospital	Public	X			
	Lamordé Hospital (Niamey)	Public	X			
	Maradi Regional Hospital	Public	X			
	Tassigui Maternity Hospital (Tahoua)	Public	X			
	Issaka Gazoby Maternity Hospital (Niamey)	Public		X		
	Téra District Hospital	Public		X		
Nigeria	Babbar Ruga General Hospital (Katsina)	Public	X			
	National Obstetric Fistula Ctr. Abakaliki [117] (Ebonyi)	Public	X			

[115] See previous note about Mercy Ships. Services are now available in Liberia through the JFK Memorial Hospital supported by the Gloag Foundation.

[116] In FY11/12 support to Gao Hospital and the four district hospitals ended in April 2012 following a coup d'état., FC has provided counseling training to fistula treatment sites in Bamako, Segou, and Mopti in the past to strengthen the quality of services. In FY 12/13 FC will support repairs at three new sites.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
	Faridat Yakubu General Hospital (Zamfara)	Public	X			
	Kebbi Fistula Center (Kebbi)	Public	X			
	Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)	Public	X			
	Maryam Abacha Women's and Children's Hospital (Sokoto)	Public	X			
	Ningi Hospital (Bauchi)	Public	X			
	Ogoja General Hospital (Cross River)	Public	X			
	Sobi Specialist Hospital (Kwara)	Public	X			
	Ibadan University Teaching Hospital[118]	Public			X (T)	
	Prevention only[119]					
	Ogoja MCH Centre (Cross River)			X		
	Owutuedda General Hospital (Ebonyi)	Public		X		
	Agubia Cottage Hospital, (Ebonyi)	Public		X		
	Ebonyi State University Teaching Hospital	Public		X		
	Ezangbo Maternity Hospital (Ebonyi)	Public		X		
	Azuiyokwu General Hospital, Abakaliki (Ebonyi)[120]	Public		X		
	Ngbo Primary Health Center (Ebonyi)	Public		X		
	Comprehensive Health Center, Kumbotso (Kano)	Public		X		

[117] Formerly Ebonyi VVF Center. In May 2011 the center was renamed when it became a designated federal center.
[118] Professor Ojengbede a senior fistula surgeon and mast trainer based at Ibadan will be supported to conduct repairs in FY12/13.
[119] In our FY 11-12 workplan we anticipated supporting up to 5 prevention only sites in Kwara or Cross River State, however we have now decided not to expand to additional sites. The estimates have been removed from this table.
[120] Formerly the Maternal Child Health Initiative FP Center.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
	Takai Community/NYSC Health Center, Takai (Kano)	Public		X		
	Tarauni MCH Clinic (Kano)	Public		X		
	Ungwa Uku MCH Clinic (Kano)	Public		X		
	Muhammadu Abdullahi Wase Hospital (Kano)	Public		X		
	Byari Jega General Hospital, (Kebbi)	Public		X		
	Kamba General Hospital (Kebbi)	Public		X		
	Maiyama General Hospital (Kebbi)	Public		X		
	Argungum General Hospital (Kebbi)	Public		X		
	Dakingari Primary Health Center (Kebbi)	Public		X		
	D/D General Hospital (Sokoto)	Public				X (P)
	Rabah General Hospital (Sokoto)	Public				X (P)
	Iss General Hospital (Sokoto)	Public				X (P)
	Jabo Primary Health Center (Sokoto)	Public				X (P)
	Bakura General Hospital (Zamfara)	Public		X		
	Bungudu General Hospital (Zamfara)	Public		X		
Pakistan	Jinnah Postgraduate Medical College (JPMC), Karachi	Public			X (T)	
Rwanda[121]	Central University Hospital, Kigali (CHUK)	Public	X			
	Kanombe Hospital	Public	X			
	Ruhengeri Hospital	Public	X			
	Kibogora Hospital	FBO	X			
Sierra Leone	Aberdeen Women's Centre	NGO	X			
Togo	Africa Mercy [122]	FBO				X (T)

[121] Plans to support two faith based hospitals, Kabgayi and Gahini have been dropped, although Fistula Care did provide both sites with delivery kits.
[122] See previous note about Mercy Ships.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites[105]	Current Prevention only sites	In development[106]	No longer supported[107]
Uganda	Kagando Mission Hospital	FBO	X			
	Kitovu Mission Hospital	FBO	X			
	Hoima Hospital	Public	X			
	Kasese area City Council HC111	Public		X		
	Bwera District Hospital (Kasese)	Public		X		
	Rwesande HCIV (Kasese)	Public		X		
	Karambi HC III (Kasese)	Public		X		
	Nyabugando HC III (Kasese)	Public		X		
	Masaka Regional Hospital	Public		X		
	Kiwangala HCIV (Masaka)	Public				X (P)
	Kalungu HC III (Masaka)	Public		X		
	Kiyumba HC IV(Masaka)	Public				X (P)
	Total		**44 Total 34 FC 10 Bilateral**	**41 Total 40 FC 1 Bilateral**	**11 Total 5 T FC 6 T Bilateral**	**5T sites and 8 P sites in 9 countries**

Annex 2. Fistula Care Results by Indicator and Benchmarks

RESULT NAME: SO: To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in Sub-Saharan Africa & South Asia		
INDICATOR 1: # of sites supported by Fistula Care /USAID support		
YEAR	**PLANNED**	**ACTUAL**
2006/2007 (Baseline)	N/A	23 fistula repair only
2007/2008	37 total; 9 repair only; 16FP & Repair; 12 FP only	37 total; 10 repair only; 14 FP & Repair; 12 FP only; 1 unknown
2008/2009	68 Total Repair only: 12 Repair & FP: 3 Repair &OC: 2 Repair, OC, FP: 17 OC & FP: 13 FP only: 3 OC only: 18 Unknown: 1	45 Total Repair only: 7 Repair & FP: 2 Repair &OC: 2 Repair, OC, FP: 16 OC & FP: 5 FP only: 12 OC only: 0 Community outreach: 1
2009/2010	70 Total Repair only: 8 Repair & FP: 4 Repair &OC: 3 Repair, OC, FP: 17 OC & FP: 14 FP only: 16 OC only: 7 Community outreach: 1	77 Total Repair only: 8 Repair & FP: 2 Repair &OC: 2 Repair, OC, FP: 20 OC & FP: 18 FP only: 22 OC only: 4 Community outreach: 1
2010/2011	85 Total FC supported Repair only: 5 Repair & FP: 2 Repair &OC: 3 Repair, OC, FP: 20 OC & FP: 24 FP only: 22 OC only: 4	82 Total all USAID Repair only: 2 Repair & FP: 5 Repair &OC: 2 Repair, OC, FP: 25 OC & FP: 21 FP only: 22 OC only: 4 Community outreach: 1
2011/2012	82 Total FC supported Repair only: 2 Repair & FP: 5 Repair &OC: 2 Repair, OC, FP: 25 OC & FP: 21 FP only: 22 OC only: 4 Community outreach: 1	90 Total (all USAID) Repair only: 2 Repair & FP: 2 Repair &OC: 2 Repair, OC, FP: 39 OC & FP: 21 FP only: 19 OC only: 4 Community outreach: 1
2012/2013	**76 Total FC supported** **Repair only: 0** **Repair & FP: 2**	

RESULT NAME: SO: To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in Sub-Saharan Africa & South Asia		
INDICATOR 1: # of sites supported by Fistula Care /USAID support		
	Repair &OC: 3 **Repair, OC, FP: 33** OC & FP: 19 FP only 19	

UNIT OF MEASURE: Number
SOURCE: Project reports, annually
INDICATOR DESCRIPTION:
Fistula Care will support facilities for fistula repair and/or obstetric and family planning services disaggregated by type of site:
a. Facilities providing **fistula repair services:** can include training, equipment, minor renovation or rehabilitation of facilities. Support to clients can include: transport costs to hospitals for surgery, temporary shelter, costs for repair, post-operative hospitalization costs, and client rehabilitation services during post-operative recovery, pre and post operative counseling.
b. Sites providing **obstetric services (OC)** with *immediate interventions to help prevent fistula.*
We will track three key immediate term interventions which will be a focus of strengthening at selected sites:
c. Sites providing **Family Planning services** as a *medium term fistula prevention intervention*
Sites will be classified as a) Fistula Repair only; b) Fistula Repair & OC; c) Fistula Repair &FP; d)Fistula Repair, OC, & FP; e) OC only; f)FP only; g) OC & FP

FY 2006/2007 (baseline actual)

23 sites in 10 countries. All sites were classified as fistula repair only sites.
Countries (number sites) included: Bangladesh (3) DRC (2), Ethiopia (4) Guinea (2), Niger (4), Nigeria (5), Rwanda (2), Sierra Leone (1), Uganda (1). Mercy Ships provided support in Ghana.

FY 2007/2008 (actual):

	Repair only	Repair,, OC & or FP	FP /OC only	Unknown	Total
Bangladesh	0	3	0	0	3
DRC	2	0	0	0	2
Ethiopia*	2	0	3	1	6
Guinea	0	3	0	0	3
Liberia	1	0	0	0	1
Niger	3	0	1	0	4
Nigeria	2	3	8	0	13
Rwanda	0	2	0	0	2
Sierra Leone	0	1	0	0	1
Uganda	0	2	0	0	2
Total	10	14	12	1	37

*One site in Ethiopia, managed by AAFH provides community outreach with prevention messages. No information about other prevention activities.

FY 2008/2009 (actual):

	Repair only	Repair, OC & or FP	FP /OC only	Unknown	Total
Bangladesh	0	3*	0	0	3*
Benin	1	0	0	0	1
DRC	0	2	0	0	2
Ethiopia**	2	0	3	1	6

Guinea	1	3	3	0	7
Liberia	0	0	0	0	0
Mali	0	1	0	0	1
Niger	0	3	1	0	4
Nigeria	3	3	10	0	16
Rwanda	0	2	0	0	2
Sierra Leone	0	1	0	0	1
Uganda	0	2	0	0	2
Total	7	20	17	1	45

*MCH for only the 1st quarter
** Repair sites and 1 FP/OC site by USAID/Ethiopia.

FY 2009/2010 (actual):

	Repair only	Repair, OC & or FP	FP/OC only	Other	Total
Bangladesh	0	4	0	0	4
Benin	1	0	0	0	1
DRC*	0	3	0	0	3
Ethiopia**	3	0	3	1	7
Guinea	0	4	5	0	9
Liberia	NS	NS	NS	NS	NS
Mali	0	1	4	0	5
Niger	2	2	1	0	5
Nigeria	2	4	22	0	28
Rwanda	0	3	0	0	3
Sierra Leone	0	1	0	0	1
Togo	1	0	0	0	1
Uganda	0	2	9	0	11
Total	8	24	44	1	77

*1 repair site supported by USAID/DR Congo
**Repair sites and 1 FP/OC site by USAID/Ethiopia.

FY 2010/2011 (actual):

	Repair only	Repair, OC & or FP	FP /OC only	Unknown	Total
Bangladesh	0	4	0	0	4
Benin	NS	NS	NS	0	NS
DRC	0	6	0	0	6
Ethiopia*	2	0	4	1	7
Guinea	0	4	5	0	9
Liberia	NS	NS	NS	NS	NS
Mali	0	1	4	0	5
Niger	2	2	2	0	6
Nigeria	2	5	22	0	29
Rwanda	1	3	0	0	4
Sierra Leone	0	1	0	0	1
Togo	NS	NS	NS	NS	NS
Uganda	0	2	9	0	11
Total	7	28	46	1	82

*2Repair sites and 1 FP/OC site by USAID/Ethiopia.
NS=not supported

FY 2011/2012 (actual all USAID supported):

	Repair only	Repair, OC & or FP	FP /OC only	Unknown	Total
Bangladesh	0	4	0	0	4
Benin	NS	NS	NS	NS	NS
DRC^	0	14	0	0	14
Ethiopia*	2	0	4	1	7
Guinea	0	3	6	0	9
Liberia	NS	NS	NS	NS	NS
Mali	0	1	4	0	5
Niger	0	4	2	0	6
Nigeria	0	9	19	0	28
Rwanda	0	4	0	0	4
Sierra Leone	0	1	0	0	1
Togo	NS	NS	NS	NS	NS
Uganda	0	3	9	0	12
Total	2	43	44	1	90

NS=not supported

^DRC: 8 bilateral sites

*Ethiopia : 2 bilateral repair sites; 1 unknown (community outreach)

RESULT NAME: SO To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in sub-Saharan Africa & south Asia

INDICATOR 2: # of women receiving fistula repair surgery

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	3,437
2007/2008	3,882	4,107
2008/2009	5,075	4,183
2009/2010	4,250	4,972
2010/2011	4,500	4,727
2011/2012	4,468	**5,746**
2012/2013	**4,500**	

UNIT OF MEASURE: Number
SOURCE: Project reports, quarterly
INDICATOR DESCRIPTION:. # women undergoing fistula repair surgery at supported sites This includes all types of fistula repairs: urinary and RVF together, and RVF alone. Each time a woman has surgery it will be counted, therefore the number of women getting fistula repair surgery = number of surgeries. It is unlikely that any woman would get more than one repair surgery during a reporting period

	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	Total to date
Bangladesh	119	122	131	143	150	184	849
Benin	NS	NS	110	21	20	NS	151
DRC	586	695^^	924^^	986^^	565	1,742^^	5,498
Ethiopia^	470	596	463	587	502	466	3,084
Ghana	42	NS	NS	NS	NS	NS	42
Guinea	292	229	316	392	459	497	2,185
Liberia	NS	59	NS	NS	NS	NS	59
Mali	NS	NS	46	40	91	53	230
Niger	27	213	158	220	333	209	1,160
Nigeria	1081	1437	1347	1612	1,507	1,720	8,704
Rwanda	147	83	167	259	278	114	1,048
Sierra Leone	272	363	253	166	211	244	1,509
Togo	NS	NS	NS	97	NS	NS	97
Uganda	401	310	268	449	611	517	2,556
Total	**3,437**	**4,107**	**4,183**	**4,972**	**4,727**	**5,746**	**27,172**

NS=No USAID support.
^Data for Ethiopia sites in FY 06/07 & FY 07/08 are corrected.
^^Data from DRC bilateral projects in 07/08, 08/09 and 09/10 include Project AXxes data , in FY11/12 includes ProSani data.

RESULT NAME: IR 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

INDICATOR 3: % of women who received fistula surgery who have a closed fistula and are dry upon discharge

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	87%
2007/2008	75%	79%
2008/2009	75%	75%
2009/2010	75%	73%
2010/2011	75%	76%
2011/2012	75%	**78%**
2012/2013	**75%**	

UNIT OF MEASURE: Number
SOURCE: Project reports, quarterly
INDICATOR DESCRIPTION: # of women who received any type of fistula repair surgery (urinary only, Urinary and RVF) who when discharged, had a closed fistula and were dry at time of discharge.
women who fistula repair surgery (urinary, urinary/RVF) with a closed fistula and dry at time of discharge / # women who had fistula repair surgery (urinary, fistula and/or urinary/RVF) and were discharged X 100
2006/2007: Does not include Niger (missing). Ranges were from 55% (Ghana) to 99% (Nigeria).
2007/2008: Ranges were from 67% (Ethiopia) to 93% (Nigeria). See individual country reports.
2008/2009: Ranges were from 64% (Niger) to 80% or higher (Ethiopia, Guinea, Uganda, Mali and Rwanda). See individual country reports.
2009/2010: Ranges were from 55% (Niger) to 80% or higher (Guinea, Rwanda and Sierra Leone)
2010/2011: Ranges were from 69% (Ethiopia) to 80% or higher (DR Congo, Guinea, Mali, Sierra Leone)
2011/2012: Ranges were from 51% (Niger) to 80% or higher (DR Congo, Guinea, Uganda)

RESULT NAME: IR 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula		
INDICATOR 4: % of women who had fistula surgery who experienced a reportable complication[123]		
YEAR	**PLANNED**	**ACTUAL**
2006/2007 (Baseline)	N/A	9%
2007/2008	20% or less	5%
2008/2009	20% or less	3%
2009/2010	20% or less	3%
2010/2011	20% or less	2%
2011/2012	20% or less	**1%**
2012/2013	**20% or less**	

UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: Reportable Complications can either be major or minor related to the fistula surgery or to anesthesia. Deaths will be reported under complications.
#women who had any type of fistula repair surgery who experienced a reportable complication / total # women discharged after any type of fistula repair surgery X 100
2006/2007 (Baseline): Does not include data for Ethiopia and Niger (missing). Ranges from 1% (Nigeria) to 50% (Sierra Leone)
2007/2008: Ranges were from 0% (Niger) to 15% (Bangladesh). Data not reported from Ethiopia. See individual country reports.
2008/2009: Ranges were from 0% (Mali) to more than 20% (Bangladesh and Benin). See individual country reports.
2009/2010: Ranges were from 0% (Mali, Niger) to 11% (Bangladesh)
2010/2011: Ranges were from 0% (Guinea, Mali, Niger) to 7% (Uganda)
2011/2012: Ranges were from 0% (Ethiopia, Mali, Nigeria, Rwanda) to 4% (Uganda)

[123] During the April 2008 meeting in Accra we discussed complications reporting during small group discussion. Based on these discussions we have developed guidelines for reporting complications.

RESULT NAME: IR 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

INDICATOR 5: # of people trained, by type of training

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	603
2007/2008	1,800	4,858
2008/2009	5,000	5,531
2009/2010	3,050	6,922
2010/2011	7,545	7,848
2011/2012	3,600	**4,396**
2012/2013	**3,900**	

UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: # of persons attending training in support of fistula care. Type of training reported will be for the primary training category. Training in surgical repair will be reported separately. Training will be reported for specific topics such as counseling, use of the partograph, QI, etc. Details by country are summarized in annual reports (total at bottom may not equal sum because some surgeons receive more than one training in a fiscal year, but are only counted once in the total).

Topic	06/07	07/08	08/09	09/10	10/11	11/12
Surgeons for 1st fistula repair training:	58	52	12	16	17	21
Continuing training in Fistula repair	8	29	29	47	41	32
Pre /Post operative care for fistula	116	99	161	64	201	151
Obstetric Care	32	0	147	525	663	521
Infection Prevention	n/a	135	128	137	797	260
Quality assurance	n/a	60	64	183	182	69
Fistula Counseling	n/a	76	156	177	183	195
FP Counseling	n/a	42	29	50	n/a	42
FP methods, including Contraceptive Technology Updates	n/a	40	16	236	64	320
Men as Partners	n/a	134	0	0	n/a	n/a
Community Outreach and Advocacy	n/a	4,105	2,586	2157	2385	1,175
Fistula Screening and Prevention for health workers	n/a	n/a	1,933	3210	3291	1,478
Quality improvement (COPE, IP, counseling)	101	n/a	n/a	n/a	n/a	69
Prevention/referral/advocacy:	112	n/a	n/a	n/a	n/a	n/a
Data management:	87	9	145	91	n/a	n/a
Other:	89	77	125	36	41	285
Total	**603**	**4,858**	**5,531**	**6,922**	**7,848**	**4,344**

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 6: # of community outreach events for fistula prevention

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	513
2007/2008	625	1,323
2008/2009	1,500	4,113
2009/2010	4,670	5,728
2010/2011	3,500	6,528
2011/2012	700	**11,668**
2012/2013	**3,200**	

UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: # events carried out by program partners to provide information about fistula prevention and other safe mother hood issues.

	# of Events				
	FY07-08	**FY08-09**	**FY09-10**	**FY10-11**	**FY11-12**
Bangladesh	232	29	140	165	139
DRC	206	0	0	9	9
Ethiopia	591**	3,659	3,894	5,297	5,590
Guinea	37	13	100	105	3,532
Mali	0	0	481	7	2
Niger	136	65	25	28	552
Nigeria	121	307	1,040	501	1,799
Rwanda	0	0	0	0	7
Sierra Leone	0	0	0	1	32
Uganda	0	0	48	415	6
Total	1,323	4,073	5,728	6,528	11,668

**data from Ethiopia is underestimated. Data was not provided for each quarter on the number of events carried out by community volunteers. These data represent activities in July-September 2008

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 7 : # persons reached about fistula prevention at outreach events

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	239,675
2007/2008	350,000	442,534
2008/2009	500,000	720,058
2009/2010	710,500	1,026,674
2010/2011	558,000	1,157,230
2011/2012	300,000	**1,315,861**
2012/2013	**325,000**	

UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: Number of persons attending fistula prevention outreach events. Numbers of persons reached will be estimates.

	# Persons Reached				
	FY 07/08 (baseline)*	**FY 08/09**	**FY 09/10**	**FY10/11**	**FY11/12**
Bangladesh	15,138	2,521	6,697	6,011	4,824
DRC	17,224	0	0	2,270	629
Ethiopia	297,292	531,724	535,982	683,966	686,726
Guinea	2,230	3,633	55,036	54,227	177,234
Liberia	0	2,593	NS	NS	NS
Mali	0	0	5,394	761	141
Niger	5,982	2,110	1,965	8,015	20,577
Nigeria	104,668	177,477	415,582	356,354	424,810
Rwanda	0	0	0	0	86
Sierra Leone	0	0	0	60	200
Uganda	0	0	6,018	45,566	634
Total	442,534	720,058	1,026,674	1,157,230	1,315,861

* Includes community outreach in Bangladesh & Ethiopia, advocacy in Bangladesh and village safe motherhood committees in Guinea. Persons reached include community members, NGOs and community health workers.
NS=not supported

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 8: % of all labors at fistula supported sites, for which partographs are correctly completed and managed according to protocol

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	80%	N/A
2009/2010	80%	37%
2010/2011	80%	30%
2011/2012	**80%**	28%
2012/2013	**80%**	

UNIT OF MEASURE: percentage of labors monitored (in sub sample)
SOURCE: Project reports
INDICATOR DESCRIPTION: # of all partographs in a given facility in a reference period that are correctly completed and show adherence or a justified deviation from management protocol/ # all labors in a given facility in a reference period X 100

This information will be collected during the medical monitoring supervision visits using the FC medical monitoring tool. A sample of delivery records for the reference period will be reviewed (10% random sample of all records for all the months preceding the supervision visit. Instructions for drawing a sample are included in the monitoring tool.) Data will only be collected from sites where FC is working to strengthen the correct use of the partograph.

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 9: # of births at FC supported sites

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	N/A	30,002
2009/2010	N/A	58,930*
2010/2011	N/A	78,443
2011/2012	N/A	**88,638**
2012/2013	**N/A**	

*updated in FY 10/11 to include data from Ethiopia.
UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: Number of births at FC supported sites that provide delivery service. This is a new indicator and we have no baseline information about services in the past. We will collect this information in the first quarter.

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 10: Number/Percent of births that were by c section

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	N/A	34%
2009/2010	N/A	40%
2010/2011	N/A	33%
2011/2012	N/A	**33%**
2012/2013	**N/A**	

UNIT OF MEASURE: Number
SOURCE: Project reports
INDICATOR DESCRIPTION: Number of total births for the reporting period that were by c section.
# of c-section births/total number of births (indicator 9) X 100
This is a proposed new indicator as of September 2008. We do not have data on past performance and unable to develop benchmarks for this indicator.

RESULT NAME: IR 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

INDICATOR 11: Number/Percent of c-sections that that were a result of obstructed labor

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	N/A	N/A
2009/2010	N/A	N/A
2010/2011	N/A	N/A**
2011/2012	N/A	**N/A**
2012/2013	**N/A**	**NA**

**In FY10/11 retrospective record review studies completed at 9 sites in 5 countries. Analysis and feasibility of collecting this indicator was discussed with USAID/W. We will not collect this data as part of routine monitoring.

UNIT OF MEASURE: number/percent
SOURCE: Project reports
INDICATOR DESCRIPTION: % of all CS, at fistula supported sites that provide c section services, for reasons of prolonged/obstructed labor
Number of c sections for reasons of prolonged/ obstructed labor/# c sections (indicator 10) X100
This was a proposed new indicator. We assessed the feasibility of collecting through a cesarean record review study. We will assess the feasibility of collecting and reporting on this indicator by conducting a small qualitative study in selected countries.

RESULT NAME: IR 3: Gather, analyze and report data to improve the quality and performance of fistula services

INDICATOR 12: **%** of supported sites reporting and reviewing quarterly fistula monitoring data for improving fistula services

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	45%	48%
2008/2009	80%	83% met at least 1 x; 20% of sites met 4 times;
2009/2010	80%	97% met at least 1 x; 14% met once per quarter
2010/2011	80%	91% med at least 1 x; 23% met at least once per quarter;
2011/2012	80%	**85% met at least 1X; 13% met at least once per quarter;**
2012/2013	**80%**	

UNIT OF MEASURE: Number/percent
SOURCE: Project reports
INDICATOR DESCRIPTION: Proportion of supported sites with a functioning process for reporting **AND** reviewing quarterly fistula monitoring data in order to improve services. Functioning review process is defined as a team of staff from the site who meet once a quarter , with or without outside assistance (e.g., supervisory teams, FC program staff) to review and discuss the data and make program decisions to improve fistula services based on these data.
sites in which quarterly data is reported and reviewed at the facility to assess program progress / # of supported sites X 100

RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services

INDICATOR 13: # of evaluation and research studies completed

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	1	0
2008/2009	3	1
2009/2010	2	3
2010/2011	13	10
2011/2012	6	**2**
2012/2013	**5**	

UNIT OF MEASURE: Cumulative
SOURCE: Project reports
INDICATOR DESCRIPTION: # of evaluation research studies completed that address fistula care service delivery. This includes evaluation of models of service delivery for fistula. Annual report will list studies by study name, location, ongoing/complete

RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services

INDICATOR 13: # of evaluation and research studies completed

2007/2008:

Ongoing: Global Study: Determinants of post-operative outcomes in fistula repair surgery- A prospective study. This study is being implemented in 6 countries—Bangladesh, Guinea, Niger, Nigeria, Rwanda and Uganda. Data collection began in all countries during the year. The last country-Niger—will begin activities in the first quarter of 2008/2009. As of September 2008, 372 women have been recruited into the study.

Planned Studies: Planning for two studies began in the last month of the fiscal year—a study to review current practices of fistula surgeons in the care and treatment of women with fistula focused on three topics: use of prophylactic antibiotics, management of stress in continence and role of catheterization. This study will help in the process of developing one more clinical trial studies in 2008/2009. Data collection will begin in January 2009. The second study we began planning is to review the quality of data on indications/reasons for c sections in FC supported facilities. Data collection for this study will begin in January 2009.

2008/2009:

Completed Study:

Qualitative Study of Current Practices in Fistula Treatment

Ongoing:

1) A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries.

2) Determinants of Post-Operative Outcomes in Fistula Repair Surgery

Planned Studies:

Cost Study

2009/2010:

Completed Study:

1*)Retrospective Record Review Study of Indications for Cesarean Delivery at Kagando Hospital, Uganda,*

2)Retrospective Record Review Study of Indications for Cesarean Delivery at Kitovu Hospital, Uganda,

3) *Use Of The Partograph: Effectiveness, Training, Modifications And Barriers: A Literature Review*

Ongoing:

1) A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries.

2) Determinants of Post-Operative Outcomes in Fistula Repair Surgery

3) *Literature review of uterine prolapse*

Planned:

Randomized Clinical Trial for Short Term Catheterization

Cost Study

2010/2011:

Completed Studies:

1.Determinants of Post-Operative Outcomes in Fistula Repair Surgery

2.Nigeria Cost Study

3. Literature review on Uterine Prolapse

Retrospective Record Review Studies of Indications for Cesarean Delivery:

4. Kumudini, Bangladesh

5. Kinda, Guinea

6. Kissidougou, Guinea

7. Gao, Mali

8. Maradi, Niger

9. Dososo Niger

10. Tahoua, Niger

On going in FY10/11

Randomized Clinical Trial for Short Term Catheterization

RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services

INDICATOR 13: # of evaluation and research studies completed

Cost Study
Evaluation of Guinea Levels of Care Framework
Planned in FY 11-12
FP/Fistula Integration
Levels of Care Framework in Uganda
Community Screening in Nigeria

2011/2012
Completed studies:
1.*Cost study in Ethiopia* (and a summary report to USAID/W with results from Ethiopia and Nigeria (completed in FY10/11)
2. Comparative analysis of cesarean retrospective record review study
On going in FY11/12:
1.Randomized Clinical Trial for Short Term Catheterization
2.Evaluation of Guinea Program (supply side)
3. Evaluation of Guinea community interventions
4.FP/Fistula Integration
5.Community Screening in Nigeria

RESULT NAME: IR 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs

INDICATOR 14: Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	TBD	4
2008/2009	5	6
2009/2010	7	7
2010/2011	8	5
2011/2012	7	**7**
2012/2013	**8**	

UNIT OF MEASURE: Cumulative
SOURCE: Project reports
INDICATOR DESCRIPTION: # of countries or facilities (some private sites may develop their own policies) that have revised/adopted or initiated policies in support of fistula prevention and treatment services. Polices can be part of reproductive and/or maternal health policies. Ideally countries should also include the necessary budgetary and policy frameworks to execute these policies
Annual report will include the name of policy, location, status (under development/approved/implemented)
2007/2008: Bangladesh, Guinea, Nigeria, Uganda
2008/2009: Bangladesh, Guinea, Mali, Nigeria, Rwanda
2009/2010: Bangladesh, DRC, Guinea, Nigeria, Rwanda, Sierra Leone, Uganda
2010/2011: Bangladesh, Mali, Nigeria, Sierra Leone, Uganda
2011/2012: Bangladesh, DRC, Ethiopia, Guinea, Mali, Nigeria, Uganda

Annex 3. Presentations and Published Papers: October 2007 thru September 2012

Conference/Title of Presentation	Presenters	Format
October2011– September 2012		
International Obstetric Fistula Working Group (IFOWG), Maputo, Mozambique, October 2011.		
Meeting the needs of women living with fistula that is deemed incurable	Joseph Ruminjo	Presentation
International Society of Urogynecologists (SIU), Berlin, Germany, October 2011		
Women deemed incurable	Joseph Ruminjo	Presentation
American Public Health Association Meeting,, Washington DC November 2011		
Retrospective Record Review of Cesarean Deliveries at 9 Hospitals in Bangladesh, Guinea, Mali, Niger and Uganda)	E. Landry, R. Fiorentino (presenter), J. Ruminjo, M. McKay, C. Mattison	Presentation
Evaluating a Community Engagement Intervention to Improve Maternal Health and Prevent Fistula in Guinea	E. Brazier (presenter), R. Fiorentino, M. Diallo, Y. Kasse, S. Millimono).	Presentation
Woodrow Wilson International Center for Scholars, September 2012		
Integrating Fistula and Prolapse Services: Programming Considerations	Celia Pett	Presentation

Conference/Title of Presentation	Presenters	Format
October2010 – September 2011		
USAID Global Health Mini-University, Washington, D.C. October 2010		
"Why Aren't We Better Using the Partograph that Saves Women's Lives?"	Karen Levin, Jeanne Kabagema and Peter Mukasa	Presentation
First Global Symposium on Health Systems Research in Montreux, Switzerland November 2010		
"Evaluating a Model for Integrating Fistula Care Services in Guinea"	Karen Beattie, Moustapha Diallo, Evelyn Landry, Joseph Ruminjo, Mieko McKay, Renée Fiorentino	Poster
International Society of Obstetric Fistula Surgeons Third Annual Meeting, Dakar, Senegal December 2010		
"Facility-level predictors of urinary fistula repair outcomes: Preliminary results of a multi-center prospective cohort study"	Dr. Mark Barone, Veronica Frajzyngier, Dr. Joseph Ruminjo	Presentation
"Factors influencing fistula repair outcomes in developing countries: a systematic review of the literature"	Veronica Frajzyngier, Dr. Joseph Ruminjo, Dr. Mark Barone	Presentation
"Mapping Fistula Services in Uganda Using GIS Techniques"	Joslyn E. Meier; Bernard T. Opar; Richard Okello Peter Mukasa and Edith Mukisa.	Presentation
"An Overview of Training Models"	Dr. Joseph Ruminjo, Dr. Isaac Achwal	Presentation
National Council of Women of the United States' 55th Commission on the Status of Women		
Fistula: A Worldwide Problem	Karen Beattie	Presentation
International Midwives Conference – Bamako Mali, June 2011		
Le rôle de la Sage Femme dans la prévention des fistules obstétricales	Fatoumata Fofana	Presentation
La fistule obstétricale et les inégalités en sante maternelle	Dr. Cheick Toure,	Presentation
Global Health Council Meeting, Washington DC June 2011		
On-the-job companion training for fistula surgeons: a training strategy adapted to low access areas in Mali	Dr. Demba Traore	

October 2009-September 2010		
Conference/Title of Presentation	**Presenter(s)**	**Format**
FIGO World Congress of Gynecology and Obstetrics, Cape Town October 4th-October 9th, 2009		
Determinants of Postoperative Outcomes in Fistula Repair Surgery - Preliminary Results	Joseph Ruminjo, Mark Barone, Veronica Frajzyngier	Oral Presentation
Social Immersion Strategy for Reintegration and Empowerment of Obstetric Fistula Survivors	Moustapha Diallo, Yaya Kassé	Oral Presentation
Network of Clinical Providers Improves Management of Obstetric Fistula Treatment Programs	Adamu Isah	Poster
Prevention and Treatment of Obstetric Fistula: Community Work Makes a Difference	Dr. S. M. Shahidullah, Dr. Abu Jamil Faisel	Poster
Ninth Annual Global Health Mini University, Washington D.C. October 9th, 2009		
Networking to Improve Fistula Treatment in Nigeria	Evelyn Landry and Erin Mielke	Oral Presentation
APHA 137th Annual Meeting, Philadelphia November 7th-11th, 2009		
Identification of Current Practices in Fistula Treatment: A Qualitative Review	Joseph Ruminjo, Steven Arrowsmith, Evelyn Landry	Poster
Pre Repair Centers for Fistula Care in Ethiopia	Evelyn Landry, Marsha Hamilton	Oral Presentation
ISOFS Third Annual Meeting, Nairobi November 25th-November 27th, 2009		
Identification of Current Practices in Fistula Treatment: A Qualitative Review	Joseph Ruminjo	Oral presentation
Unite for Sight 7th Annual Global Health & Innovation Conference, Yale University April 17th-April 18th, 2010		
Holistic Prevention, Treatment, Reintegration, and Governance Program for Fistula Survivors in Kissidougou, Guinea	Mieko McKay	Poster
Women Deliver Conference, Washington D.C. June 7th-June 9th, 2010		
Innovations in Fistula Prevention, Treatment, and Reintegration	Karen Beattie (moderator), Josephine Elechi, Mariama Moussa, Suzy Elneil, Cindy Berg	**Panel**
37th Annual International Conference on Global Health, Washington, D.C. June 15th, 2010		
Integrating Family Planning into Fistula Repair Services in Nigeria	Betty Farrell	Poster
Maternal Health Taskforce Global Maternal Health Conference, New Delhi, India August 30th-September 1st, 2010		
Use of the partograph: what do we know and what do we need to find out	Jeanne Kabagema	Oral presentation
The necessity of waiting houses for pregnant women in the DRC	Ahuka Longombe	Oral presentation
Ruptured Uterus in Western Uganda, a 2 year retrospective review[124]	Peter Mukasa	Oral presentation
Identifying research needs and priorities for	Joseph Ruminjo	Oral presentation/panel

[124] Paper presented by Fistula Care Uganda Medical Associate; research was conducted prior to Dr. Mukasa joining Fistula Care.

October 2009-September 2010		
Conference/Title of Presentation	**Presenter(s)**	**Format**
obstetric and gynecologic fistula		
Improving the use of the partograph – a case study from a rural integrated health and development project	Kris Prenger	Oral presentation/panel
Strengthening cesarean section services: a case from a rural integrated health and development project in Bangladesh	Kris Prenger	Oral presentation/panel
Retrospective record review of cesarean deliveries at two hospitals in Uganda	Evelyn Landry	Oral presentation/panel
Engagement of clerics improves fistula prevention and reintegration efforts in northern Nigeria	Adamu Isah	Poster
Evolution of maternal mortality in a conflict area	Manga Pascal	Poster

October 2008-September 2009		
Title of Presentation	**Presenter(s)**	**Format**
American Public Health Association Meeting, November 2008.		
Digital Stories for Public Health.: an emerging strategy for participatory media-making". The Fistula Care-produced digital stories DVD "Learning from My Story: Women Confront Fistula in Rural Uganda"	Joseph Ruminjo, co facilitator of discussion panel	Panel
Global Health Conference Washington, D.C. June 2009		
For the Common Good: Good Governance and Democracy Improve Maternal Health Systems	Moustapha Diallo	round table discussion
Counseling of Women With Traumatic Genital Fistula From Sexual Violence; Development of an Evidence-Based Counseling Module.	Joseph Ruminjo, Elizabeth Rowley, Mieko McKay	Panel

October 2007-September 2008		
Title of Presentation	**Presenter(s)**	**Format**
Mini University, Washington, D.C. October 2007		
Addressing Fistula through the use of digital stories.	**Katie Tell**	Presntation/Discussion
Women Delivery Conference, London, England October 2007.		
Community, NGO and Government collaboration on Fistula: The Zamfara experience"	Dr. Sa'ad and Dr. Adamu Isah	Paper
"Digital stories: the Uganda experience" presented	Dr. Henry Kakande	Paper
French College of Ob/Gyns Annual Meeting, Paris, France, December 20007.		
"Fistula care: The Guinea experience".	Professor Namory Keita	Paper
Reproductive Health in Emergencies Conference, Kampala, Uganda June 2008		

October 2007-September 2008		
Title of Presentation	**Presenter(s)**	**Format**
Traumatic Gynecologic Fistula in Reproductive Health Emergencies	by I. Achwal, J. Ruminjo, C. Ngongo	Paper
Voices from the field: Community research on the experiences of survivors and perpetrators of sexual violence	H. Akullu [Uganda]	Paper
La prise en charge des fistules génitales de la femme en RDC: Contexte, ampleur et perspectives	M.A. Kalume, L. Ahuka [DRC]	Paper
Psychosocial effects of sexual violence in conflict situations	M. Mungherera [Uganda]	Paper

Published Papers 2007 -2012

Frajzyngier, V., Ruminjo, J., Asiimwe, F., Barry, T.H., Bello, A, Danladi, D., Ganda, S.O., Idris, S., Inoussa, M., Lynch, M., Mussell, F., Podder, D.C., and Barone, M.A. 2012. Factors influencing choice of surgical route of repair of urinary fistula, and the influence of route of repair on surgical outcomes: findings from a prospective cohort study *British Journal of Obstetrics and Gynecology*;120 (3):524-31.

Barone, M.A., Frajzyngier, V., Ruminjo, J., Asiimwe, F., Barry, T.H., Bello, A, Danladi, D., Ganda, S.O., Idris, S., Inoussa, M., Lynch, M., Mussell, F., Podder, D.C. 2012. Determinants of Fistula Repair Post-Operative Outcomes: A Prospective Cohort Study. *Obstetrics & Gynecology*.;120 (3):524-31.

Frajzyngier, F., Ruminjo, J. and Barone, M. 2012. Factors influencing fistula repair outcomes in developing country settings: a systematic review of the literature. *American Journal of Obstetrics and Gynecology;* 207(4):248-58. doi: 10.1016/j.ajog.2012.02.006. Epub 2012 Feb 20.

Barone, M., Frajzyngier, V., Arrowsmith, S., Ruminjo, J., Seuc, A., Landry, E., Beattie, K. Hamidou Barry, T. Lewis A., Muleta, M., Nembunzu, D., Olupot, R., Adeoye, I.S., Wakasiaka, W.K., Widmer, M., and Gulmezoglu, A.M. 2012. Study protocol : Non-inferiority of short-term urethral catheterization following fistula repair surgery: study protocol for a randomized controlled trial. *BMC Women's Health* 2012, 12:5

Arrowsmith , S.; Ruminjo, J. and Landry, E.. 2010. Current practices in treatment of female genital fistula: a cross sectional study. *BMC Pregnancy and Childbirth*. 2010, 10: 73

Longombe, A. O.; Claude, K.M. and Ruminjo, J. 2008. Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case Studies, *Reproductive Health Matters* (2008;16(31):132–141).

Ruminjo. J. 2007. Obstetric fistula and the challenge to maternal health care systems. *IPPF Medical Bulletin* **:** (Vol. 41, Number 4)

Annex 4. Fistula Care in the News October 2011-September 2012

October – December 2011 (5)

- *Extraordinary Women, Sept/Oct 2011*
  Edith Mukisa, Project Manager for Fistula Care and EngenderHealth's country representative in Uganda, appears in Daudi Karungi's new book, *Extraordinary: Significant Women of Uganda*, which features portraits of and quotations from Ugandan women. In the book, Mukisa stands alongside influential activists, artists, and humanitarians. She explains: "My purpose is to make a difference in someone's life."
- Rejected Vvf patients find succor in USAID Fistula care project, *Sunday Tribune, October 2, 2012*
  This article describes treatment for fistula patients in the Bauchi State in Nigeria, and highlights collaboration between the Bauchi State government and Fistula Care.
- Kwara gets VVF repair centre, *The Sun News Online October 10, 2012*
  Dr. Adamu Isah, Deputy Country Director for Fistula Care in Nigeria commends officials in Kwara State Specialist Hospital for plans to establish a center for fistula treatment.
- Kwara confirms fistula cases, set to tackle it, *Nigerian Tribune, October 11, 2012*
  Two stories featuring EngenderHealth's Fistula Care project and its work in Nigeria on fistula prevention efforts in Kwara State.
- Nigeria: Every State Should Have a VVF Center, *Daily Trust October 18, 2012*
  Iyme Efem, describes the impacts of Fistula Care in Nigeria and describes collaboration between USAID sponsored project and Nigerian government officials.
- Rwanda: 136 Patients to Get Free Surgery, *The New Times, December 17, 2012*
  This piece describes a 12-day fistula repair outreach at the Rwanda Military Hospital Kanombe.

Q2 : January – March 2012 (5)

- EngenderHealth's Fistula Care project wrote a January 9, 2012 guest blog for the White Ribbon Alliance on a partnership to promote respect in maternity care.
- 30 VVF Patients Get Free Treatment in Ogoja, *Leadership, January 15, 2012.* This article describes some recent USAID-funded repair surgeries which took place in Ogoja, in the Cross River State in Nigeria. Some of the surgeons at the site had received training at another Fistula Care supported site, the National Obstetric Fistula Centre in Abakaliki, Nigeria.
- Expert decries silent VVF epidemic in Southern Nigeria, Assures of Support at UCH, *Nigeria Tribune, March 1, 2012*
  Professor Dosu Ojengbede raises awareness about the number of women living with vesico-vaginal fistula in Nigeria's southern states, and the treatment available for these women through Fistula Care programs.
- Eastern Congo Initiative Newsletter, *March 16, 2012*

This weekly newsletter edition highlighted EngenderHealth's Fistula Care project and its work to engage fistula surgeons, nurses, and providers in the Democratic Republic of the Congo.

- Mali: Unrest hinders fight against fistula, *Humanitarian News and Analysis, March 20, 2012*
  Fistula Care partners describe the challenges of providing care to fistula patients during conflict in Mali.

Q3 : April – June 2012 (10)

- In Bauchi, a new lease of life for women afflicted with VVF, *Vanguard, April 25, 2012*
  This article reports on Fistula Care's collaboration with the government in Bauchi State, Nigeria to improve access to fistula services.
- 30-Bed VVG Centre Inaugurated in Ogoja, *Leadership, May 5, 2012*
  This piece describes the opening of a 30-bed Vesico Vaginal Fistula Centre at Ogoja General Hospital in Nigeria, a joint effort from the Cross River Government, USAID and Fistula Care.
- Lack of Access to Birth Attendants Causing Fistula, Health Experts Say, *Daily Monitor, May 9, 2012*
  Government officials, and EngenderHealth staff member Edith Mukisa, discuss the need for trained birth attendants to prevent fistula.
- Fistula Cases on the Rise, *The New Vision, May 12, 2012*
  This article reports that number of women living with fistula is increasing across Uganda. The writer cites findings from the Fistula Care prospective study, and urges the government to devote more resources to addressing the issue
- Fistula Deserves More Attention, *Daily Monitor, May 14, 2012*
  This article discusses findings from *Determinants of post-operative outcome in fistula repair surgery: a prospective cohort study*, arguing that the issue deserves more funding and resources.
- Nigeria: 18 Women Get Fistula Repair in Cross River, *AllAfrica: Vanguard, May 22, 2012*
  Patients who recently received treatment in the Cross-River State of Nigeria report on their experience.
- Lack of doctors hampering fistula care in Rwanda, *FIGO, May 22, 2012*
  FIGO argues for increased resources towards fistula treatment in Rwanda. EngenderHealth Senior Medical Associate Jeanne d'Arc Kabagema is quoted.
- Nigeria needs to expand its fistula care projects, *FIGO, May 23, 2012*
  Fistula patients receive repair surgery in the Cross-River State. EngenderHealth staff Iyeme Efem encourages more funding for fistula care services in Nigeria.
- Obstetric Fistula: Not Receiving Due Attention, *Daily Monitor, June 2, 2012*
  The journalist argues that the government must make greater efforts to prevent and treat obstetric fistula. EngenderHealth staff member Edith Mukisa discusses the causes of fistula.
- Giving New Lease on Life, *This Day Live, June 30, 2012*

This article examines the experiences of several patients at the Ogoja General Hospital in Cross River State in Nigeria.

July-September 2012 (7)

- Donors, Health Ministry Move To Combat Fistula Among Women – *Chimp Reports, August 28, 2012*
  This article discusses the causes of fistula and the measures being taken by the Ministry of Health to address the needs of Ugandan women. It also reports on the $27,000 worth of fistula treatment commodities were distributed across Uganda by Fistula Care.
- Ministry of Health Decries Increased Cases of Fistula – *UG Pulse (Uganda), August 29, 2012.* Reports on the Ministry of Health's reaction to statistics on the high instances of women suffering from obstetric fistula in Uganda, siting EngenderHealth's USAID-funded donation of commodities.
- 200,00 women living with VVF in Nigeria – *The Nation (Nigeria), September 17, 2012*
  During a Fistula Care workshop, remarks are made on the high rate of fistula cases in Nigeria, and the need to address this in order to attain MDGs related to maternal and child health.
- Vesicovaginal fistulae in Bangladesh – *Royal College of Obstetrics and Gynaecologist, September 2012.* Bangladesh address treatment, prevention and rehabilitation for fistula patients, Sayeba Akhter (Dhaka Medical College in Bangladesh) reports on "the global approach of prevention, treatment and rehabilitation" in addressing fistula in the country, including services provided at EngenderHealth-supported hospitals.
- Fistula Presents an Obstacle to Attaining MDGs**,** *Punch, September 23, 2012* Mrs. Obioma Liyel-Imoke, wife of the Cross River State Governor, comments on the current rates of fistula in Nigeria during a two day advocacy workshop for local government chairmen. Without efforts to prevent fistula she claims MDGs will not be attainable. The article reports on Fistula Care efforts in Nigeria to address the growing demand for quality fistula services in the country.

The United Nations General Assembly report Supporting efforts to end obstetric fistula; Report of the Secretary-General**,** referenced EngenderHealth's work and the RCT.

UNFPA's spring 2012 edition of Dispatch, the Campaign to End Fistula newsletter, highlights the RCT research study being conducted by Fistula Care in partnership with WHO, and its importance in reducing post-repair complications among fistula clients in low-resource settings. EH Staff and fistula surgeons weigh in on the impact these research findings will have towards improving fistula activities worldwide.

Annex 5. Use of Fistula Care Technical Tools

by Country and Site, October 2011- September 2012

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Bangladesh										
Kumudini	X	X							X	
LAMB	X	X							X	
Ad-Din Dhaka	X	X				X		X	X	X
Ad-Din Jessore	X	X				X		X	X	X
DRC										
HEAL Africa	X	X	X	X				X	X	X
IGL	X	X		X						
MSRK	X		X			X				
Mutombo	X	X		X		X		X	X	
St. Joseph's	X			X	X	X		X	X	
Panzi	X	X	X	X						X
Ethiopia										
Bahir Dar Ctr										
Mekelle Ctr										
Adet HCtr	X	X						X		X
Dangla HC	X	X						X		X
Woret HC	X	X						X		X
Sekota	X	X						X		X
Guinea										
Ignace Deen	X									
Jean Paul II	X					X		X	X	X
Kissidougou	X		X			X		X	X	X
Labé	X		X			X		X	X	X
Mamou	X									
Kindia	X									
Boke	X									
Faranah	X									
N'Zerekore	X									
Mali										
Gao Regional	X	X			X			X		X

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Mopti	X							X		X
Ségou	X							X		X
CHU du Point G	X							X		X
Gao District	X									
Kayes*					X					
Sikasso*					X					
Niger										
Dosso	X	X		X		X		X	X	X
Tahoua	X	X		X		X		X	X	X
Tera	X							X	X	X
Lamordé	X							X		X
Maradi	X	X		X		X		X	X	X
Issaka Gazoby	X									
Nigeria										
Babbar R.	X	X				X			X	X
Ebonyi Center	X	X				X			X	X
Faridat Yak.	X	X				X			X	X
Kebbi	X	X				X			X	X
Laure Fist. C	X	X				X			X	X
Maryam Abacha	X	X				X			X	X
Ningi General Hospital	X	X				X			X	X
Ogoja Hospital	X				X				X	
Sobi Hospital	X				X				X	
Prevention only sites :										
Bakura General Hospital, Zamfara	X									
Takai Community HC, Kano	X									

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Comp. HC, Kano	X									
Tarauni MCH, Kano	X									
Unguku MCH, Kano	X									
Muhammadu A. Wase Specialist Hosp. Kano	X									
General Hospital, Arugungu	X									
General Hospital Dakingari	X									
General Hospital Maiyama	X									
General Hospital Kamba	X									
Bungudu General Hospital, Zamfara	X									
MCCI FP Clinic	X									
Ezangbo Maternity Hospital	X									
Mgbo PHC	X									
Owutu Edda General Hospital	X									
Ebonyi State University	X					X				

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Teaching Hospital										
General Hospital, Jega	X									
MCH Ogoja	X									
Rwanda										
CHUK	X	X		X		X			X	X
Ruhengeri	X	X		X				X	X	X
Kanombe	X	X		X		X		X	X	X
Kibogora	X									
Sierra Leone										
Aberdeen	X		X							
Uganda										
Kagando	X	X				X	X	X	X	X
Kitovu	X	X	X			X	X	X	X	X
Hoima	X	X					X	X	X	X
Kasese	X									
Bwera	X									
Rwesande	X									
Karambi	X									
Nyabugando	X									
Masaka	X									
Kiwangala	X									
Kalungu	X									
Kiyumba	X									
Total sites using tools FY12	**78**	**29**	**7**	**11**	**6**	**23**	**3**	**26**	**29**	**33**

*Sites involved in site assessment, but not currently supported by Fistula Care